

Bands of Gateway  
Gateway High School Band Boosters  
Expense Reimbursement Form

Date: \_\_\_\_\_

To: Gateway Band Booster Treasurer

From: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget Year: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Expenses (list or attached separate summary):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL \_\_\_\_\_

Amount to be cut by Check \$ \_\_\_\_\_

Amount to be credited to student account \$ \_\_\_\_\_

**Attach receipts supporting the amount of this request. NOTE:** Expenditures greater than \$25 are required to be preauthorized by either the Band Director, Board Member, or Chairperson.

*Expenses greater than \$25 which were not properly approved and are not within the approved budgeted amount, may be disputed by the Booster Board and not reimbursed in their entirety.*

**Comments**

Reimbursement:  
Check Date:  
Check #  
Email to Student Accounts

Reimbursement : Approved /Rejected