



Troy High Band Boosters Reimbursement Request Form



Name: _____

Address: _____

City, State and Zip: _____

Reimbursement request must be submitted within 45 days of expenditure.

**Mail completed reimbursement requests and supporting receipts for expenditures
to [Troy High Band Boosters Treasurer:](#)
Scott Mayotte, 4485 Riverchase Dr., Troy, MI 48098**

Expense Category <small>Awards, Band Camp, Banquet, Colorguard, Colt Celebration, Concerts, Instruments, Jazz Ens., Meals, Music, Other, Production, Student Activities, Supplies, Uniforms</small>	Description of expenditure	Amount
Total for Reimbursement		

I certify that all expenses are for the Troy High Bands.

Signature: _____