



# 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:](#)**

***Min Jung Kang, 5527 Whitfield Dr., Troy, MI 48098***

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

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

Signature: \_\_\_\_\_