

**JHS Music and Arts Boosters  
REQUEST FOR PAYMENT / REIMBURSEMENT**

Date of Request
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Amount of Request
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Pay to the Order of:
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Address:
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Phone	Requested by: (if different from payable to)
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Director Approval:
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Please designate the budget category of expenditure
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- |   |  |
|---|--|
| <input type="checkbox"/> Scholarships                                   | <input type="checkbox"/> Director Discretionary Fund |
| <input type="checkbox"/> Trip Payments                                  | <input type="checkbox"/> Trip: _____                 |
| <input type="checkbox"/> Program Expenses (coaching, instruments, etc.) | <input type="checkbox"/> Fundraiser cost: _____      |
| <input type="checkbox"/> _____  | <input type="checkbox"/> Grants to: _____            |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____                       |

<b>Treasurer's Verification</b>
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Receipts Attached: __ Yes __ No    If no, explain: _____			
Date Received:	Date Issued	Check #	Amount

*This form is to be printed on GREEN paper*