



To be completed by Treasurer:	
Check No.	_____
Amount	_____
Date Received	_____
Date Paid	_____

**Clear Lake High School Falcon Band Booster Club
Request for Reimbursement**

Check Payable to: _____

If being mailed:

Street Address: _____

City, State, ZIP Code: _____

Submitted by: _____

Committee Chairman: _____

Treasurer: _____

Account to be Debited:	_____	\$	-
	_____	\$	-
	_____	\$	-

Explanation: _____

Date	Place of Purchase	Amount

Total \$ -

Please attach the receipts listed above to the back of this form.