



Highlander Band



Reimbursement Request Form Highlander Band Boosters

FORM MUST BE FILLED OUT COMPLETELY!

Date of request: _____

Person Requesting Check: _____

Email Address: _____

Phone: _____

Amount: \$ _____

(Invoice/receipt must be attached)

Purpose: _____

Reimbursement Method (Please choose one):

- _____ Please consider this amount as a contribution to the band (HBB) and mail my donation receipt to the address below.
- _____ Please mail check directly to vendor. **I HAVE INCLUDED A SECOND COPY OF THE INVOICE/RECEIPT TO BE MAILED WITH THE CHECK.**
- _____ Please mail a check to me using the following information.

Check to be made out to: _____

Full Mailing Address: _____

Payee Email Address: _____
(if different from above)

Payee Phone: (____) _____
(if different from above)

Submitter Signature: _____

Submit via mail to:
 Rob Triplett, Treasurer
 Highlander Band Boosters
 4073 Stanford Ave
 Dallas, TX 75225

Submit via email to:
roberttriplett@me.com

(All email submissions must have clearly imaged receipts included)