

**Westmont Music Boosters**

**Request for Reimbursement Payment Authorization**

Please legibly PRINT all information required

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Make Check Payable To: \_\_\_\_\_

Activity or Event was this purchased for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total To Be Reimbursed \$ \_\_\_\_\_  
Please attach Original Receipts. Keep a photocopy for your records.

Requester signature \_\_\_\_\_ Date \_\_\_\_\_

For Treasurer Use:

Check Number \_\_\_\_\_ Budget Item \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_

President's signature: \_\_\_\_\_

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