

## KHSBB Expense Reimbursement Form

Date: \_\_\_\_\_

To: Kingston High School Band Boosters (KHSBB)  
 8202 State Hwy. 104, Suite 102, P.M.B. 142  
 Kingston WA 98346

From: \_\_\_\_\_  
 (State name as you would like it to appear on check.)

ITEM NO.	DESCRIPTION / PURPOSE OF PAYMENT	AMOUNT OF REQUEST	RECEIPT YES	RECEIPT NO
	<b>TOTAL AMOUNT REQUESTED</b>			

Mail Check to:

Name: \_\_\_\_\_ Approval: \_\_\_\_\_

Address: \_\_\_\_\_ (Name of Board Member, Committee  
 approving expense)

Check Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Members are asked to only submit reimbursement requests in the amount of \$5.00 or more. If the *NO RECEIPT* box is checked, please indicate the reason there is no receipt available.