



**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: \_\_\_\_\_

Committee Account to be Debited: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Date	Place of Purchase	Amount

**Total** \$ \_\_\_\_\_ -

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