

Avon Grove Music Boosters Association
Check or Reimbursement Request

Staple
Receipts
Here

- Please complete this form for payments or reimbursements.
- Give the completed form to the Treasurer for processing.
- Be sure to include all related receipts/documentation.
- Incomplete requests will be returned to the requestor unprocessed.
- **Areas in red are required**

Requestor Name: _____ **Date requested:** _____

Requestor Phone: _____ **Check amount:** \$ _____

Date check/payment is needed by: _____

Make check/payment payable to (payee): _____

Account / Committee / Activity to be charged: _____

Briefly explain the reason for the payment: _____

Signature of Requestor

Signatures of authorizing Booster Officers

Please choose one of the following options for distributing the payment:

Pay directly to Vendor/Merchant

Apply payment amount to my Student Account.

Donate payment amount to AGIMBA.

Send to the payee at this address: _____

For Treasurer Use Only

Check Number: _____

Payment Date: _____

Journal Entry No.: _____