



# REQUEST FOR REIMBURSEMENT 2021-2022

Please complete all contact information to allow electronic payments to be set up.

Place form & receipts in Treasurer's mailbox in the Band Director's office or email to ehsbandtreas@gmail.com

Date: _____	Amount: _____ (attach receipts)
Name: _____	Phone #: _____
Address: _____	Email: _____
_____	_____

**Purpose of Expense**

<input type="checkbox"/> Awards	<input type="checkbox"/> Music in the Parks (MIP)	<input type="checkbox"/> Third Qtr Snacks/Festival Meals
<input type="checkbox"/> Color Guard	<input type="checkbox"/> Music, drill	<input type="checkbox"/> Truck Rental, fuel
<input type="checkbox"/> Computer, website	<input type="checkbox"/> Office supplies, CDs, postage, printing	<input type="checkbox"/> Winter Guard
<input type="checkbox"/> Craft fair	<input type="checkbox"/> Repairs, maintenance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mozingo Festival	<input type="checkbox"/> Refreshments/Decorations for concerts	<input type="checkbox"/> Band Camp Meals (see below)

**For services or items supporting the band program directly:**

Please obtain confirmation of receipt from one band director

_____ John Arata, Director	_____ Jeremy Knudtson, Assistant Director
_____ Cassie Renner, Assistant Director	_____ Color Guard

**For services or items supporting the operating or fund raising needs of the Band Patrons Association:**

Please obtain confirmation of receipt from one of these officers or chairpersons.

_____ Jennifer Bussen, President	_____ Joann Britt, Student Accounts
_____ Carin Rook, Vice President	_____ Kim Myerscough, Chair, Craft Fair
_____ Kim Myerscough, Uniforms	_____ Erik & Aleisha Herrmann Chair, Music in the Parks
_____ Connie Woodruff, Band Patrons Secretary	_____ Chair, Pit Crew

**Band Camp Meals Chair -- Band Camp Meals are reimbursed by Student Accounts (J. Britt)**

Place request in Student Accounts mailbox in band office or mail to:

EHS Bands, Student Accounts  
P.O. Box 64  
Eureka, MO 63025

*For Treasurer Use Only*      *Date Delivered:* \_\_\_\_\_      *Check/Epay #:* \_\_\_\_\_