

## Choir Program

# Student Account Reimbursement Request Form

Eligible expenses include:

- Private lessons
- Ensemble required apparel
- Workshops
- Camps
- Trips
- Shows

1. This form must be filled out legibly & completely
2. Attach legible copies of receipts or cancelled checks to this form
  - reimbursement request will be denied without copies of receipts or canceled checks
3. Place this completed form with copies of receipts or canceled checks in an envelope labeled "Student Account Reimbursement Request" & deposit in the choir mailbox located in the choir room
4. Requests are initially reviewed & approved by the Choir Director
5. Requests are then forwarded to the Choral Booster Treasurer for funds verification
6. Finally, requests are forwarded to the Choral Booster Board for review & approval at their monthly meeting
  - **Please allow up to five (5) weeks for approval & distribution**

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

What is your student account balance before this request? \$ \_\_\_\_\_

What is the amount of this request? \$ \_\_\_\_\_

Reason for request: \_\_\_\_\_

Please make check payable to: \_\_\_\_\_

Check should be mailed to:

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*If you have any questions please contact your Choir Director*

**Office use only:**

(Acct: SCSACT)

Choir Director: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ *If not approved, reason:* \_\_\_\_\_

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

Student Account Balance before request \$ \_\_\_\_\_ Amount of request \$ \_\_\_\_\_

Booster Treasurer: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ *If not approved, reason:* \_\_\_\_\_

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

Choral Booster Board Approval Date: \_\_\_\_\_