

Request for Reimbursement from West Lafayette Bands Individual Student Fundraising Account

Date: _____ Total Amount Being Requested from Individual Student
Fundraising Account: _____

Student's Name: _____

Band Program in which Student Participates: _____

Parent/Guardian Name: _____ Phone #: _____

Issue Reimbursement Check to: _____

Funds were used for: _____

Signed (parent/guardian signature): _____

* Place this form with your receipt(s) attached in the "Scrip Box" to the right of Mr. Pettit's office door in the Jr/Sr High Band Room.

Questions: Contact Deb McCormick, Band Booster Treasurer at
treasurer@wlbands.com.

----- Office Use Only -----

Approved: _____