

**CRHS BAND BOOSTERS, INC.  
PAYMENT REQUEST**

For Internal Use Only: Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Paid  QB \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Purchased from: \_\_\_\_\_

Description: \_\_\_\_\_

**Band Program Expenses:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Contest Fees & Expenses        | <input type="checkbox"/> Music & Supplies | <input type="checkbox"/> Marching Show & Props |
| <input type="checkbox"/> Techs, Clinicians, Judges      | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Student Meals (event) |
| <input type="checkbox"/> Uniform Maint, Repair, Replace | <input type="checkbox"/> Program Printing | <input type="checkbox"/> Capital Outlay        |
| <input type="checkbox"/> Other _____                    |   |  |

**Band Activities:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Student Leadership (SLT)     | <input type="checkbox"/> Student Parties                | <input type="checkbox"/> Region Band, Solo & Ensemble |
| <input type="checkbox"/> Dinners (BBQ, Holiday, etc.) | <input type="checkbox"/> Banquet                        | <input type="checkbox"/> Band Trip                    |
| <input type="checkbox"/> Equipment & Clothing         | <input type="checkbox"/> Alumni General                 | <input type="checkbox"/> Alumni merchandise           |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Office Supplies, Software, etc | <input type="checkbox"/> Insurance, IRS, Misc Admin   |

**Fundraiser Expenses:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mums Expenses    | <input type="checkbox"/> Poinsettia expenses        | <input type="checkbox"/> Mulch expenses |
| <input type="checkbox"/> PawRaid expenses | <input type="checkbox"/> Other Fundraising expenses | <input type="checkbox"/> _____          |

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_ ***Must be person responsible for the budget category***

Return to requestor       Mail to address on invoice

Mail to the address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

***NOTE: MUST HAVE INVOICE OR RECEIPTS FOR REIMBURSEMENT OR PAYMENT. CRHS BAND BOOSTERS, INC. IS A 501(C)(3) TAX-EXEMPT ORGANIZATION. WE ARE UNABLE TO REIMBURSE SALES TAX PAID. TAX EXEMPTION FORMS ARE AVAILABLE IN THE BAND OFFICE.***