



**Kingston Middle School
Band Boosters
REIMBURSEMENT FORM**

Date: _____

To: Kingston Middle School Band Boosters
P.O. Box 1312, Kingston, WA 98346

Treasurer@kmsbb.org

From: _____
Print name as you would like it to appear on check.

ITEM NO.	DESCRIPTION/PURPOSE OF PAYMENT	AMOUNT OF REQUEST	RECEIPT YES	RECEIPT NO

Mail Check to:

Name: _____

Approval: _____

Address: _____

Committee _____

Number: _____

Phone: _____

(Name of Board Member, approving expense)
