

**Band Boosters of Oakton High School**

**CHECK REQUEST/EXPENSE REIMBURSEMENT REQUEST**

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

Payable to (name) \_\_\_\_\_ Mail the completed request to:

Street/PO Box \_\_\_\_\_ Jhinuk Hasan-Fulton  
13107 Laneview Ct  
City/State \_\_\_\_\_ Herndon, VA 20171  
703-618-4618

Telephone No. \_\_\_\_\_

Description of expenditure \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail check (circle one)? Yes No - if NO what arrangements?  
\_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Telephone No.: \_\_\_\_\_

Requester's Signature: \_\_\_\_\_

**Committee Chairperson's Approval**

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

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

**IMPORTANT:** All invoices/receipts must be attached to the back of this form unless this is a request for an advance.

(Please do not write below this line)

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Treasurer only

Check # \_\_\_\_\_ Date check issued: \_\_\_\_\_

Account to be Charged: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_