

Blacksburg High School Band
Approval for Expenditure/Check Request for Reimbursement

Please attach any bills, receipts, or quotes to this form.

Date: _____ Check Requested By: _____

Check Payable To: _____

Address: _____

Amount: \$ _____

Description of Expense: _____

Approved by Coordinator: _____

Date Paid: _____ Check #: _____ Account: _____

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