

# Wake Forest-Rolesville Band Boosters

## Check Request/Reimbursement Form

(please fill out either Section 1 or 2 and make sure to have  
**all receipts and/or invoices attached**)

### Section 1 – Band Expense Check Request

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

Description of Expense: \_\_\_\_\_

Budget line item: \_\_\_\_\_

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

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

### Section 2 – Reimbursement from student band account

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

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

Description of Expense: \_\_\_\_\_

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

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

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### Treasurer use only

Date Paid: \_\_\_\_\_ Signature: \_\_\_\_\_

Budget Line Item (if applicable): \_\_\_\_\_

Check # \_\_\_\_\_