

SPARTA AREA SCHOOLS – MUSIC BOOSTERS

FAMILY ACCOUNT – PAYMENT REQUEST

Dollar Amount Requested: \$ _____ . _____

Date: ____ / ____ / ____

Description of School-Related Expense or Item Purchased (how it is school-related?): _____

Important! This is for reimbursement of an expense you have already paid, unless you are using funds for a Music Boosters item. Include a copy of a PAID receipt or a copy of your check showing that you have already paid for the reimbursable expense.

X _____
Student Name (please print)

X _____
Parent Name (please print)

X _____
Parent Signature



<p>Reimbursement Request:</p> <p>Payee for Check (NOT the Student):</p> <p>_____</p> <p>Mailing Address of Payee:</p> <p>_____</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none">Remember to attach a PAID receipt or copy of your canceled check that shows the reimbursable expense has been paid.Please enclose a self-addressed stamped envelope to help defray the cost of mailing your reimbursement.Thank you!	<p>Transfer to Music Boosters:</p> <ul style="list-style-type: none">Valid on for reimbursable expenses payable to the "Sparta Band Boosters"Not valid for purchasing ScripPlease attach any additional itemized information to show what expense the transfer should pay.
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Notes:

Please make your request for a **minimum \$10.00** and **mail** your request to:

**Sparta Music Boosters
P.O. Box 223
Sparta, MI 49345-0223**

To request your Family Account balance, please e-mail the Family Accounts team at

2015spartascripfamily@gmail.com

Fundraiser proceeds may take up-to 30 days from the close of the sale/event to be credited to Family Accounts. Our volunteers thank you for your patience and understanding.