

# Mira Costa High School Band Boosters

## Purchase Reimbursement/Requisition

**Purpose (Select One):**

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Reimbursement    Purchase Request    Check Request

Requested By: \_\_\_\_\_

Purpose/Event Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Payable to: \_\_\_\_\_

Delivery Method:    Pick up @ MBX    Mail to: (Addr) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor's Signature	Board/Account	Authorized Board Signature/Name

Quantity	Item/Description/Activity	Price	Line Total

1. Please complete all that applies on this form.
2. If requesting a reimbursement, please include the original purchase receipt(s)/invoice(s).
3. Please include Board approval signature before submitting.
4. Check requests may be submitted by email to [suehefner@verizon.net](mailto:suehefner@verizon.net) until 8 A.M. Thursday morning.
5. Requests received after 8 A.M. Thursday will be available for pickup a week from the Friday following.
6. If the request is submitted via email, an email approval from the board member is accepted.
7. Please allow 7-10 days for processing.

Processed

Recorded/MBX