

**Avon Grove Music Boosters Association**  
**Check or Reimbursement Request**

Staple  
Receipts  
Here

- Please complete this form for payments or reimbursements.
- Give the completed form to the Treasurer for processing.
- Be sure to include all related receipts/documentation.
- Incomplete requests will be returned to the requestor unprocessed.

Requestor Name: \_\_\_\_\_ Date requested: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Check amount: \$ \_\_\_\_\_

Date check/payment is needed by: \_\_\_\_\_

Make check payable to (payee): \_\_\_\_\_

Phone number of payee: \_\_\_\_\_

Account / Committee / Activity to be charged: \_\_\_\_\_

Briefly explain the reason for the payment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Signature of authorizing Booster Officer

Please choose one of the following options for distributing the payment:

Apply payment amount to my Student Account.

Donate payment amount to AGIMBA.

Send to the payee at this address: \_\_\_\_\_  
\_\_\_\_\_

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**For Treasurer Use Only**

Check Number: \_\_\_\_\_

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

Journal Entry No.: \_\_\_\_\_