



CHECK REQUEST / EXPENSE REIMBURSEMENT FORM

Herndon Middle School Theatre Boosters

TODAY'S DATE: _____

REQUESTER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT PHONE # _____

ITEMS PURCHASED/
COST:

TOTAL AMOUNT REQUESTED: \$ _____

CHECK PAYABLE TO: _____

Please staple receipts to the back of this form, and either give to the HMS Theatre Boosters Treasurer or place in the Black Box in the Drama Room. All checks will be mailed to the requester, unless other arrangements are made in advance. Please email any questions to hms.theatre.boosters@gmail.com. Thanks!

Performance _____ Check # _____ Date Paid _____