

Twin Falls Middle School MUSIC BOOSTER ASSOCIATION
Expenditure / Reimbursement Form

Do you have a MUSIC BOOSTER-related bill that needs to be paid?

Attach the invoice to this form and complete Section I, then place it in the MUSIC BOOSTER mailbox at TFMS.

Do you need MUSIC BOOSTER ASSOCIATION to reimburse you?

Attach your receipt to this form and complete Section I, then place it in the MUSIC BOOSTER mailbox at TFMS.

Thank you.

SECTION I

Name of person submitting _____ Date: _____

Phone number in case of questions: _____

Mark the correct box – This is a bill Please reimburse me.

All materials purchased with TFMS MUSIC BOOSTER funds become property of Twin Falls MS.

Please pay (check payable to?) _____

in the amount of \$ _____

Explain purpose of this expense:

___ This is an approved Grant _____

**** Signature required of person submitting:** _____

Section II

***** MUSIC BOOSTER Treasurer's use only *****

Date Received _____ Date Paid: _____

Check number: _____ Check amount: \$ _____

Account/ Budget Category: _____

Treasurer's signature: _____