

MelRoe's School of Dance Booster Club

Reimbursement / Payment Request Form

Date of Request: _____ Phone #: _____

Name of Student of Family Account: _____

Name of Parent on Account: _____

Amount Requested: _____

Make Check Payable To: _____

Explanation of payment request (competition, costume, recital fee, workshop):

Signature of parent requesting payment: _____

Parent Name (please print): _____ Date: _____

For Treasury Use Only:

Receipt Attached: YES NO Paid With Check #: _____ Date Paid: _____