



# SPECTRUM BAND PARENTS ASSOCIATION STUDENT ACCOUNT REIMBURSEMENT FORM

**All requests for reimbursement, band tour payment or fund transfer to a sibling** must be submitted to Mr. Jolliffe no later than **June 1<sup>st</sup> of any school year.**

Each request will be reviewed by Mr. Jolliffe and, if approved, forwarded to the Band Parents Association on the **30<sup>th</sup> of each month** for reimbursement, payment for travel or to transfer funds to a sibling.

Reimbursement or payment requests can be submitted for the following:

- ❖ Instrument rental or purchase
- ❖ Music-related supplies (reeds, music books, repairs, supplies)
- ❖ Private music lessons
- ❖ School-related items such as: laptop, calculator
- ❖ Band Tour Payments
- ❖ Account transfer to a sibling (upon graduation)

*Please note - any outstanding funds due to the Band Parents Association (i.e. fundraising money, uniform costs, trip payments owed from previous school years) will be deducted from the reimbursement or transfer request total.*

### General Information:

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Date of purchase or tour payment: \_\_\_\_\_

Cheque made payable to: \_\_\_\_\_

### Purchase Reimbursement:

*Each request for reimbursement must be accompanied by a copy of your original receipt.*

Amount Requested: \$ \_\_\_\_\_ Business Name: \_\_\_\_\_

Provide a brief explanation (i.e. lessons, transfer to sibling, band tour payment) : \_\_\_\_\_

\_\_\_\_\_

### Band Tour Payments:

Amount for Tour Payment: \_\_\_\_\_

### Account Transfer:

Sibling's name: \_\_\_\_\_ Amount to transfer to sibling: \_\_\_\_\_

**SUBMIT THIS FORM TO MR. JOLLIFFE IN A SEALED ENVELOPE MARKED "STUDENT REIMBURSEMENT REQUEST"**