

SCRIP Gift Card Program Reimbursement Request

4

Date _____

Account # _____ Primary Account Name _____

Reimbursement Request/Description: _____

Amount Requested: _____ Attach **original** receipt. One receipt per reimbursement form, please. Must total \$20 or more.

Expense Type – Please complete either the GHAPS or Music area with appropriate signatures when ne

General GHAPS related expense.

Please obtain appropriate GHAPS authorized official signature (coach, teacher, etc) if receipt does not CLEARLY INDICATE a connection to school related expense.

Authorized Signature: _____ Title: _____ Date: _____

Or:

Music Department related expense.

Any music related expense without a receipt REQUIRES director signature on the reimbursement form for verification.

The following expenses **require** Orchestra, Band, or Choir Director Signature:

Music camp (ie Blue Lake, Interlochen, MASTA) Uniform Related Expense Band Camp Trip

Music Director Signature: _____ Date: _____

Make check payable to: _____

Parent/Guardian Signature: _____

Do you want your Reimbursement:

Picked Up (At Scrip Sales) **Mailed** (Please include self-addressed stamped envelope)

Approved _____ Denied / Reason: _____

Scrip Director: _____ Amount: \$ _____ Date Completed: _____

Treasurer: _____ Amount: \$ _____ Date Completed: _____

Account Balance After Distribution: _____ Check #: _____