



**Student Activity Account
 ~ Withdrawal Request Form ~**

Please complete this form in full and return it to the Band Office.

1. Submit this completed form to the Director of Bands for approval and signature.
2. Staple invoice, bill, or receipt for expenditure to the back of this form. Write your name on each receipt.
3. Checks will be written directly to the store, vendor, teacher, or other approved payee.
4. Approved expenses that have already been paid by a student or family member can be reimbursed after sufficient funds in their student activity account have accumulated. Appropriate documentation of the expense must be submitted with this written request form. To reduce the frequency of withdrawals, one reimbursement will be allowed per expenditure within the same school/fiscal year that the expense was incurred.

Date submitted: _____ Amount requested: \$ _____

Student's name: _____ Phone: _____

Check payable to: _____ Date check needed: _____

Payee's address: _____
Number & street City Zip code

How do you want the check returned? Please mark one:

- Mailed to Payee.
 Other. Describe: _____

Describe reason for check. If check is for private lessons, include number of lessons and fee per lesson.

Signature of Parent/Guardian: _____ Date: _____

To be completed by Director (Please do not mark in this area.)

I approve this request for funds.

Signature of Director of Bands: _____ Date: _____

To be completed by Treasurer (Please do not mark in this area.)

Date this form received by Treasurer: _____

My records confirm that there is sufficient funding in this student activity account.

Check amount: \$ _____ Check number: _____ Check date: _____

How returned? To Director In person to parent Via mail to parent Via mail to payee

Date mailed/returned: _____