

HPHS BANDSTAND RECEIPT TRACKING

-- MUST ATTACH ORIGINAL RECEIPT(S) --

RECEIPT(S) TOTAL: \$ _____

For Bandstand Petty Cash Reimbursement (<\$100)

For HPHS Check Reimbursement

HPHS P-Card Original Receipt

PURCHASER NAME: _____

PURCHASER ADDRESS (for check reimbursement):

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

REASON(S) FOR PURCHASE (check expense categories and enter amount per category):

Fundraising Expenses

Car Wash Expense: \$ _____

Spirit Wear/Goods Expense: \$ _____

Concert Program Ads Expense: \$ _____

Other Fundraising Expense: \$ _____

Dine-Out Event (BandEATS) Expense: \$ _____

For _____

Program Expenses

Awards/Gifts: \$ _____

Marching Band – Banquet: \$ _____

Band BBQs: \$ _____

Marching Band – Camp: \$ _____

Bi-Annual Band Trip: \$ _____

Marching Band – Hospitality: \$ _____

Charitable Gifts: \$ _____

Marching Band – Uniforms: \$ _____

Concerts – Fees/Travel/Accompaniment: \$ _____

Marching Band – Other: \$ _____

Concerts – Hospitality: \$ _____

Student Apparel/Equipment/Supplies: \$ _____

End-of-Year Band Banquet: \$ _____

Other Program Expense: \$ _____

Jazz Night: \$ _____

For _____

Administrative Expenses

Office Supplies: \$ _____

Other Administrative Expense: \$ _____

Travel: \$ _____

For _____

Notes: _____

Purchaser Signature: _____ Date: _____