



## West Shore Music Boosters - Student Credit Disbursement

Parent/Student, please fill top portion (PRINT CLEARLY) & submit to BAND BOX in Band Room or email to: WSMBstudentcredits@gmail.com

Parent/Student

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

Amount: \_\_\_\_\_  Receipts attached Payable to: \_\_\_\_\_

Reason: \_\_\_\_\_

Address:  
(If reimbursement check is to be mailed)

Student Credit Coordinator

Date Received: \_\_\_\_\_  Email  BandBox  \_\_\_\_\_

Approved  Rejected Notes: \_\_\_\_\_

Student Credit Coordinator's Signature: \_\_\_\_\_

Treasurer

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_



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