



West Springfield High School Band Boosters

Student Fundraising Account

Expenditure Authorization Form

⇒ **You must have sufficient credits in your Student Account to cover the requested deduction.**

I, _____, request that _____
(Print Name) *(Insert Total Amount)*

credits be deducted from _____ account to pay for:
(Student's Name—printed)

- | | |
|-----------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Marching Band/Fall Guard Fee | <input type="checkbox"/> Marching Band Shoes |
| <input type="checkbox"/> Band Activity Fee | <input type="checkbox"/> Concert Attire |
| <input type="checkbox"/> District Band Audition Fee | <input type="checkbox"/> Solo & Ensemble Fee |
| <input type="checkbox"/> Indoor Drumline/Winter Guard Fee | <input type="checkbox"/> Spring Trip Fee |

I certify that sufficient credits are in my Student's Account to cover this deduction.

Student Signature

Date

Parent Signature

Date

Do not write below this line

<i>This Section is for Band Booster Staff Only</i>	
Revision Date: August 2007	Date form received: / /