



Waukesha South Band Boosters

Disbursement Authorization

Request

Date: ___ / ___ / _____

Description:

Amount: \$ _____ .

Receipt(s) Attached- Yes No

Payable to:

Authorization

No disbursement will be made without the prior authorization of
(2) Band Booster Board Members.

Board _____
Members: _____

Date: ___ / ___ / _____
Date: ___ / ___ / _____

Disbursement

Treasurer: _____

Date: ___ / ___ / _____

Check #: _____

Amount: \$ _____ .