

Poway High School Music Boosters
Request for Student Account Payment

Student's Name _____

Phone Number _____

Payment to: _____

A Self-Addressed Stamped Envelope must be provided for mailed payments to avoid a \$1.00 handling charge.

Mailing Address for check: _____

Original receipts must accompany all payment requests, including lessons. Requests must be submitted within 6 (six) months of the expenditure.

LESSONS:

Date(s) of Lesson: _____

Rate per hour or lesson: _____ **Subtotal Lessons :** \$ _____

OTHER EXPENSES:

Description	Total (\$)
_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtotal Other Expenses \$ _____

TOTAL REQUESTED: \$ _____

Student/Parent Signature _____ Date _____

Music Director Signature _____ Date _____

S/A Officer Approval _____ Date _____

Treasure's Check # _____ Date Paid _____