

**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 (\$)
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Subtotal Other Expenses</b>	<b>\$ _____</b>
<b>TOTAL REQUESTED:</b>	<b>\$ _____</b>

Student/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Music Director Signature \_\_\_\_\_ Date \_\_\_\_\_

S/A Officer Approval \_\_\_\_\_ Date \_\_\_\_\_

Treasure's Check # \_\_\_\_\_ Date Paid \_\_\_\_\_