



ASSOCIATION OF TEXAS SMALL SCHOOL BANDS

Reimbursement Request

I had personal expenses as described below for ATSSB Area auditions not covered or provided by the host school and/or booster organization and request reimbursement. Please be aware that the State Board of Directors has voted that the maximum amount that can be reimbursed is no more than \$5 times the total number of students auditioning at Area.

Area Host Honorarium \$ 200.00

_____ \$ _____

_____ \$ _____

_____ \$ _____

Net reimbursement requested > \$ _____

Signed _____ Date _____

Name to whom the check is made and address to where you wish the check sent:

DATE _____ AREA AUDITION LOCATION _____

COMMENTS _____

Attach receipts and mail this request to:

ATSSB
2117 MORSE ST
HOUSTON, TX 77019

Please do not use Certified Mail or Express Mail or anything requiring a signature (or waive the signature). If you need to know if and or when it was delivered, use Delivery Confirmation.

=====

FOR OFFICE USE ONLY:

DATE PAID: _____ AMOUNT PAID: \$ _____ CHECK NUMBER: _____