

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
	\$
	\$
	_ Ψ
Net reimbursement requested >	\$
Signed Date _	
Name to whom the check is made and address to where you wish the check sent	t:
,	
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). If you need to know if and or when it was delivered, use Delivery Co.	
FOR OFFICE USE ONLY:	
DATE PAID: AMOUNT PAID: \$ CHECK NUME	BER: