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| Valley Band Boosters | | |
| Check Request Form | | |
| **2017-2018** | | |
| | | |
| **Reimbursement Requested by:** | | |
| **Check Payable to (Name, address and email)** | **Amount** | **Description** |
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| I certify that the expenses submitted are accurate and represent appropriate expenses incurred on behalf of Valley Bands. | | |
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| Signature | | Date |
| Attach documentation for each request and mail to: | | |
| Craig Graves, 409 Valley West Dr, West Des Moines, IA 50265 | | |
| Electronic submissions accepted if receipts are scanned and attached to this form. Submit to ap@valleybands.org | | |
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