

**SMYRNA HIGH SCHOOL BAND BOOSTERS**  
PO Box 673 Smyrna DE 19977

**Student Fundraising Account  
Expenditure Authorization/ Payment Form**

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- Fill out this section to authorize a deduction from your Band Student Account.
- You must have sufficient balance in your Band Student Account to cover the requested deduction.

I, \_\_\_\_\_ request that \$ \_\_\_\_\_ be deducted from  
*Print Student Name* *Insert Amount*  
my Band Student Account to pay for my student activity fee.

Parent or Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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- Fill out this section when making payments to SHS Band Boosters

Please accept this payment of \$ \_\_\_\_\_ to pay for \_\_\_\_\_'s  
*Insert Amount* *Print Student Name*  
student activity fee.

Please circle: Check / Cash. Check # \_\_\_\_\_

Parent or Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Band Boosters Only</b>	<b>Date Received:</b>
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Requested amount was deducted on \_\_\_\_\_ Amount received \$ \_\_\_\_\_  
*Date*

Insufficient funds. Amount deducted \$ \_\_\_\_\_

\_\_\_\_\_  
*SHS Band Booster Signature*