

FORM (A)
CHAPARRAL BAND AIDES, INC.
dba Chaparral Band Boosters
REQUEST FOR REIMBURSEMENT FROM STUDENT ACCOUNT
FOR ARIZONA TAX CREDIT ELIGIBLE ITEMS

Student Name: _____

Date of Request: _____

This request is made to the Chaparral Band Boosters for reimbursement of amounts paid on behalf of the student named above. We are informed of the fact that reimbursement shall only be made to the extent that funds are available in the student's account, and that expenses paid are in excess of the maximum allowed State of Arizona income tax credit available to our family household on an annual basis for public school fees.

Total marching band expenses incurred as evidenced by the attached documentation:

(Less maximum tax credit amounts per law (\$400 for married households/\$200 for single)

_____ I (we) have exhausted our Arizona tax credit by paying fees of _____ to:

Requested reimbursement: _____

Reimbursement check to be payable to _____ at the following address:

Mail this form and required documentation to:

CHAPARRAL BAND AIDES, INC.
10867 N. Scottsdale Rd., #103-234
Scottsdale, AZ 85254

Date: 09/01/09

FORM (B)
CHAPARRAL BAND AIDES, INC.
dba Chaparral Band Boosters
REQUEST FOR REIMBURSEMENT FROM STUDENT ACCOUNT
FOR NON-TAX CREDIT ELIGIBLE ITEMS

Student Name: _____

Date of Request: _____

This request is made to the Chaparral Band Boosters for either direct payment or for reimbursement of amounts paid on behalf of the student named above. We are informed of the fact that this payment shall only be made to the extent that funds are available in the student's account, and that expenses paid are for items that do not qualify for the Arizona State public school tax credit, but are reimbursable according to law and the Scottsdale Unified School District policy.

Total marching band expenses incurred as evidenced by the attached documentation:

Requested reimbursement \$ _____

Please check appropriate box:

_____ Transfer the above amount from my student's account to "Chaparral Band Boosters" for my student expense

_____ Send reimbursement check payable to _____ at the following address: _____

Mail this form and required documentation to:

CHAPARRAL BAND AIDES, INC.
10867 N. Scottsdale Rd., #103-234
Scottsdale, AZ 85254

Date: 09/01/09

