

**SPMS Music Boosters  
MUSIC SPECIALIST  
Payment Request Form**

Request Date: \_\_\_\_\_

Write Check to: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

**Music Program:**

Band                      5th Grade Band

School Teacher Name: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_      Choir                      Orchestra

Please list all dates, specific hours, and locations the music specialist worked (must match what was approved):

Date	School site(s) AV, MHS, Marengo, SPMS	Time Frame (Start and End Time)	Total Hours	Hours X Rate
			<b>Total Amount:</b>	

President signature: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

-- For Treasurer's Use --

Amount of check: \_\_\_\_\_ Check #: \_\_\_\_\_

**Please make a copy for your records before submitting to:**  
South Pasadena Middle School Music Boosters Treasurer  
treasurer@spmsmusicboosters.org  
1500 Fair Oaks Ave, South Pasadena, CA 91030