FRIENDS OF PACIFIC BEACH SECONDARY SCHOOLS

FOPBSS

PACIFIC BEACH MIDDLE SCHOOL - MISSION BAY HIGH SCHOOL

REQUEST FOR REIMBURSEMENT

Attach all receipts to this document

Name: _____

Email: _____ Phone: _____

Expenditure was for: _____
(activity or event)

List Expenditure:

_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total Expenditures	$ _____

Signature: _____Date:_____

For FOPBSS Treasurer use ONLY

☐ Board approved expenditure ☐ Line item expenditure

Check # _____ Date written _____ Date approved _____