



REQUEST FOR REIMBURSEMENT

*This reimbursement form and all receipts should be gathered into **ONE PDF** document and attached and sent to lilyhiqman@gmail.com Your reimbursement may be delayed if these instructions are not followed. Please, no GoogleDocs!*

Payable to: _____

Email: _____ Phone: _____

Expenditure was for (activity or event):

School: _____

(MBHS or PBMS)

List Expenditure:

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

Submitted by (Signature):

_____ Date: _____

Please mail my check to: _____

Please place my check in my school mailbox: _____

For FOPBSS Treasurer use ONLY

Board approved expenditure

Line item expenditure

Check # _____ Date written _____ Date approved _____