



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! All Requests for Reimbursements need to be submitted by June 30, 2025 in order to be paid.*

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 _____