



FOPBSS REQUEST FOR REIMBURSEMENT

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

Payable to: _____

Email: _____ Phone: _____

Expenditure was for (activity or event):

School: _____

(MBHS or PBMS)

List of expenditures:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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 _____