PACIFIC BEACH MIDDLE SCHOOL ◇ MISSION BAY HIGH SCHOOL

PARENT TEACHER ORGANIZATION

FOPBSS

FRIENDS OF PACIFIC BEACH SECONDARY SCHOOLS

FOPBSS REQUEST FOR REIMBURSEMENT

*Complete this form and include all receipts within **ONE PDF** document. Email it to the FOPBSS Treasurer at mbhsfriends@yahoo.com. Your reimbursement may be delayed if these instructions are not followed.*

Payable to: _____ School: ☐ MBHS ☐ PBMS

Email: _____ Phone: _____

Expenditure was for (activity or event): _____

Type of reimbursement (select one):

☐ Grant Reimbursement ☐ Department Reimbursement ☐ Other: _____

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 _____

Revised 08-2026