

**FRISB CHECK REQUEST FORM**

**Your receipt(s) must accompany this request in order to receive reimbursement.**

Please return completed form to the Treasurer's mailbox in the production room. Email Damarise Davis with questions at [davidamarise@gmail.com](mailto:davidamarise@gmail.com).

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Contact E-mail: \_\_\_\_\_

Amount Expended/Requested: \$ \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Approved By (Signature of FRISB Board Member or Principal):

\_\_\_\_\_

Address Where Reimbursement Check Should Be Mailed:

\_\_\_\_\_

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**EXPENSE CATEGORY: (CHECK THE APPROPRIATE BOX)**

**ADMINISTRATIVE**

- Administrative Expenses     Board Discretionary Fund     Misdirected Funds – Refunded

**FUNDRAISER**

- Check Campaign     Auction/Spring Fundraiser

**APPRECIATION**

- Volunteer Appreciation     Intern Support     Staff Appreciation

**SCHOOL & COMMUNITY DEVELOPMENT**

- Community Service Day     MYP/DP Student Support     High School Retreats  
 Field Day     School Socials     Senior Class Grad Night Expenses  
 School Directory     Clothes Closet     Back to School Picnic

**CURRICULUM DEVELOPMENT**

- 7<sup>th</sup> Grade Publishing     FRISB Grant # \_\_\_\_\_  
 Science Fair     Science Department Support     Planners

**INTERCULTURAL PROGRAMS**

- Honorariums Intercultural Programs     International Visitor Hospitality & Gifts  
 Cultural Week

Please provide a reason and description of the expense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FRISB ADMIN USE ONLY**

Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Check Signed By: \_\_\_\_\_