

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 Lai McClure with questions at lai_mcclure@yahoo.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:

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

- 7th 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:

FRISB ADMIN USE ONLY

Date: _____ Check Number: _____ Check Amount: _____

Name of Payee: _____

Check Signed By: _____