

# FRISB REIMBURSEMENT FORM

ALL RECEIPTS NEED TO BE INCLUDED IN ORDER TO RECEIVE A REIMBURSEMENT.

Please return the completed form to the FRISB Treasurer's mailbox in the production room. For questions, send an email to [frisboard@gmail.com](mailto:frisboard@gmail.com), "Subject": Treasurer. Thank you.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_

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

Amount Requested: \$ \_\_\_\_\_ Check Payable To: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

(Name of FRISB Board Member or Principal)

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

Mailing Address where to send Reimbursement Check: \_\_\_\_\_

## 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       Grad Night Expenses  
 School Directory       Clothes Closet       Back to School Picnic

### CURRICULUM DEVELOPMENT

7th Grade Publishing       FRISB Grant # \_\_\_\_\_       Planners  
 Science Fair       Science Department Support

### 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 #: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

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

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