

Expense Reimbursement Voucher

Name:		Phone:	
Street:		Email:	
City:	State:	Zip:	
Date:	FRIES Association ☐ Committee Member ☐ Teacher (circle all that apply) ☐ Parent ☐ Program Coordinator ☐ Volunteer ☐ Officer/Executive Committee		

Date	Description & Purpose of Expense	Amount

Total Expenses Incurred

PLEASE ATTACH RECEIPTS FOR ALL EXPENSES.	PRINTED EMAIL COMMUNICATION CAN BE USED IN PLACE OF APPROVAL SIGNATURE. PLEASE ATTACH EMAIL DOCUMENTATION.	Your Signature: _____
		Approval Signature: _____

Please **submit** this form, receipts and other documentation to the **FRIES Main Bin in the Teacher's Work Room** directly on the right as you enter the lobby of Winthrop.

Please **email FRIES Treasurer Phil Freehan** at pfreehan11@yahoo.com to alert that a reimbursement request has been submitted.