

**Brookfield East High School
Friends of Fine Arts
Expense Reimbursement Form**

v9.22

	\$ Amount	Vendor Name	Description of Expense Purpose	Invoice/PO # <small>*Please submit a copy with this form</small>	Prepaid Expense Reimbursement? <small>If YES attach paid receipts & complete payable to NAME & ADDRESS</small>
BEHS Department					
Art <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>	<input type="text"/>	YES NO Payable To: _____
Band <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>	<input type="text"/>	YES NO Payable To: _____
Choir <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>	<input type="text"/>	YES NO Payable To: _____
Drama/Musical <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>	<input type="text"/>	YES NO Payable To: _____
Orchestra <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>	<input type="text"/>	YES NO Payable To: _____
Forensics <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>	<input type="text"/>	YES NO Payable To: _____

Submitted By:
 Print Name _____
 Signature _____
 Date _____

Date Approved by FFA President _____

Certification
 I understand and agree that in signing this request form I certify that the items purchased are solely for the use of the BEHS department indicated and will remain the sole property of BEHS.