

**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 &amp; complete payable to NAME &amp; ADDRESS</small>				
<b>Operating Expense</b>									
Solo & Ensemble <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td colspan="2">Payable To: _____</td> </tr> </table>	YES	NO	Payable To: _____	
YES	NO								
Payable To: _____									
Postage <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td colspan="2">Payable To: _____</td> </tr> </table>	YES	NO	Payable To: _____	
YES	NO								
Payable To: _____									
Misc Operating <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td colspan="2">Payable To: _____</td> </tr> </table>	YES	NO	Payable To: _____	
YES	NO								
Payable To: _____									
Website <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td colspan="2">Payable To: _____</td> </tr> </table>	YES	NO	Payable To: _____	
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.