

Brookfield East High School  
**Friends of Fine Arts**  
**Expense Reimbursement Form**  
v9.22

	\$ Amount	Vendor Name	Description of Expense Purpose	Invoice/PO # <small><i>*Please submit a copy with this form</i></small>	Prepaid Expense Reimbursement? <small><i>If YES attach paid receipts &amp; complete payable to NAME &amp; ADDRESS</i></small>
<b>Student Program</b>					YES      NO
Honors Group/Camp <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payable To: _____
College Scholarship <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payable To: _____

Submitted By:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Approved by FFA President \_\_\_\_\_

**Certification**  
I understand and agree that in signing this request form Student & Parent certify that the requisite number of Craft Fair volunteer hours to be eligible for this reimbursement have been completed .

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<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="text-align: center; width: 50%;">YES</td> <td style="text-align: center; width: 50%;">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="text-align: center; width: 50%;">YES</td> <td style="text-align: center; width: 50%;">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="text-align: center; width: 50%;">YES</td> <td style="text-align: center; width: 50%;">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="text-align: center; width: 50%;">YES</td> <td style="text-align: center; width: 50%;">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.

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<b>Craft Fair Expense</b>					
Elmbrook School District Food Service <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES      NO Payable To: _____
Signs And Publicity <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES      NO Payable To: _____
Other Food Purchases and Supplies <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YES      NO Payable To: _____

Submitted By:

Print Name \_\_\_\_\_

Date Approved by FFA President \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Certification**  
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