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

Prepaid Expense Invoice/PO # **Reimbursement?** Vendor \$ Amount **Description of Expense Purpose** \*Please submit a If YES attach paid receipts Name copy with this form & complete payable to NAME & ADDRESS **Craft Fair Expense** Elmbrook School District Food Service YES NO Payable To: Signs And Publicity YES NO Payable To: Other Food Purchases and Supplies YES NO Payable To:

## Submitted By:

Print Name	Date Approved by FFA President
Signature	Certification I understand and agree that in signing this request form I
Date	certify that the items purchased are solely for the use of
	the BEHS department indicated and will remain the sole property of BEHS.