

Brookfield East High School

Friends of Fine Arts, Inc.

Expense Reimbursement Form

Total of expenses submitted for payment: \$ _____

Attach receipts and invoices

Purpose of Expenses: _____

Name of payee for check: _____

Address to mail check: _____

To be completed by Treasurer:

Approval for payment of expenses: _____

Date Approved: _____

Check Number: _____