

## Expense Reimbursement Voucher

Name:		Phone:	
Street:		Email:	
City:	State:	Zip:	
Date:	<b>FRIES Association</b> Committee Member    Teacher (circle all that apply)    Parent    Program Coordinator Volunteer    Officer/Executive Committee		

Date	Description & Purpose of Expense	Amount

Total Expenses Incurred

PLEASE ATTACH RECEIPTS FOR ALL EXPENSES.	PRINTED EMAIL COMMUNICATION CAN BE USED IN PLACE OF APPROVAL SIGNATURE. PLEASE ATTACH EMAIL DOCUMENTATION.	Your Signature: _____  Approval Signature: _____
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Please **submit** this form, receipts and other documentation to the **FRIES Main Bin in the Teacher's Work Room** directly on the right as you enter the lobby of Winthrop.

Please **email FRIES Treasurer Phil Freehan** at [pfreehan11@yahoo.com](mailto:pfreehan11@yahoo.com) to alert that a reimbursement request has been submitted.