

Doyon FRIES Reimbursement/Expense Request

Name: _____ E-mail: _____ Date: _____

Pre-Approved: YES NO

Request Type:

EXPENSE

- Paid by Credit Card
- Paid by Check
- Paid with Cash

REIMBURSEMENT

- Receipt Attached
- No Receipt (must have 2 board signatures)

Program/Event: _____

Payable/Paid To: _____ Amount \$: _____

Purpose of Funds Being Reimbursed (Be Specific): _____

Requestor Signature: _____ Printed Name: _____

Board Signature: _____ Printed Name: _____

Board Signature: _____ Printed Name: _____

Note: Attach all receipts and other applicable supporting documentation (i.e., purchase orders, contracts, etc. to this form)

Instructions

Reimbursements

- ❖ Items that have already been approved in the budget can be purchased anytime during the same Fiscal Year (until May 31)
- ❖ A receipt should be submitted and attached to this completed form
- ❖ If unavailable to provide a receipt for an amount under \$100, you must have 2 Doyon FRIES board members (not including yourself) sign.
- ❖ Checks will be made payable to the name on this form.

Expenses

- ❖ For signers on the bank account only
- ❖ Attach the point of sale receipt of invoice to this form and submit

For Treasurer's Use Only

Date Paid: _____ Check #: _____ Category: _____ Event: _____

Signature: _____ Printed Name: _____