

Friendship Force of Baton Rouge, Inc. Request for Reimbursement/Payout

Request By: _____ Person/Group to Pay: _____

Event/Budget Item: _____

Date of Event: _____ Date Request Submitted: _____

Approved in current budget () Yes () No

Special approval by the board () Yes () No Month approved: _____

	<u>Amount Requested</u>
COMMUNITY EVENTS	
Decorations	_____
Food/Drinks	_____
Handouts/Publicity	_____
Registration Fees	_____
CONFERENCES	
Registration	_____
DINNER MEETINGS	
Decorations	_____
Food/Drinks	_____
Handouts	_____
Room Rental	_____
DONATIONS	_____
JOURNEYS	_____
Admissions	_____
Decorations	_____
Ditty Bags	_____
Food & Drink	_____
Journey Coordinator Support/Expenses	_____
Other (tips/guides/etc. – Describe on back)	_____
OFFICE EXPENSES	_____
Website	_____
Postage	_____
Stationery	_____
Photocopies	_____
Professional Fees	_____
Miscellaneous (describe on back)	_____
TOTAL REQUESTED	_____

***** Attach Receipts**

For Treasurer use only. Date Paid: _____ Amount: _____ Check #: _____