



Academic Fundraising Partnership

Ellen Browning Scripps Elementary

REIMBURSEMENT REQUEST FORM

- Fill out form completely
- Copy all receipts onto 8 ½" x 11" paper
- Scan and email form *and* copy of receipt(s) to vice_president@ebs-afp.org for review/approval
 - or place form *and* copy of receipt(s) in the AFP mailbox in the EB Scripps Work Room
- If approved, request will be forwarded to treasurer@ebs-afp.org for processing

Request Date: _____

Requestor Name: _____

Requestor Phone: _____

Requestor Email: _____

Reimbursement Check Payable to: _____

Mailing Address: _____

Date of Purchase	Detailed Description	Fundraiser/Project	Amount
		Total Reimbursement	

NOTE: receipts and/or all proper documentation must be attached

COMMENTS:

• • • AFP Use Only • • •

Date Paid: _____

Check/Online #: _____

1st Approval: _____

Expensed to: _____

2nd Approval: _____