



## EXPENSE REIMBURSEMENT

Please complete form, attach all original receipts, and mail to bhsitaliantreasurer@gmail.com

BHS Italian Exchange Program Treasurer. Your approved reimbursement should be received within 7-10 days.

**Name:**

**Students Name:**

**Date:**

**Address:**

**City:**

**Phone:**

**Email:**

Please list each receipt individually along with the event or budget item for the expense. Please total the amount being requested.

Item #	Event or Budget	\$ Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total Amount Requested		

For Treasurer use only – Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_