FRIENDS OF KING OPEN SCHOOL
EXPENSE REIMBURSEMENT/DONATION FORM

Date of Request: _____

Amount of Expense: _____

Paid By: _____

Mailing Address:_____

Purpose of Expenditure:_____

_____

This is submitted for: [Check one]

____ Reimbursement (indicate to whom check should be written to if not the person identified above)

____Donation (Donations are tax deductible)

PLEASE ATTACH RECEIPTS

IMPORTANT: SALES TAX WILL NOT BE REIMBURSED