

**THE FUTURE LEADERS INSTITUTE
REQUEST FOR CHECK**

EXPENSE REIMBURSEMENT FORM – ONLY VALID WITH RECEIPT ATTACHED

Date: _____

Event or Purpose: _____

Description of Expense: _____

Amount of Reimbursement: \$ _____

Expense Category (if known): _____

FLI Guide Approval: _____

Make Check Payable to:

If you would like check mailed:

_____ (Address)

_____ (City, State, Zip)

Name & phone number for questions:

**Contact the Program Director for questions at
(510) 684-5533 or email justin@theFLI.org**

This form may be faxed to (510) 444-1013 with a copy of your receipt

OR

You can send or bring this form to the FLI office:
1201 Martin Luther King, Jr. Way, Suite 104, Oakland, CA 94612.