



**Faded Blues**  
**FFA**  
**Alumni**

Official Use Only

Check Number: \_\_\_\_\_

Amount Reimbursed: \_\_\_\_\_

Date Reimbursed: \_\_\_\_\_

## Faded Blues Reimbursement Form

*Please fill out this form to its entirety for purchases made for supplies needed that you'd like to receive reimbursement for. Please include an original or copy of original receipt of purchase with your name on it and total amount being reimbursed circled. Please cross out any non-eligible items off the receipt.*

---

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Purchase Reason: (I.e. Fundraiser, etc.) \_\_\_\_\_

Number of Eligible Items Purchased: \_\_\_\_\_

*By signing below, you are certifying that all information on this form is accurate and truthful to the best of your knowledge; that all purchases are itemized per an official receipt of purchase and are subject to approval; and that all rejected claims are subject to an official appeal process.*

*Please Sign below*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_