**ROUNDTABLE EXPENSES FORM**

**Guild of IB Schools of the Northeast**

Please complete the following form and include all itemized receipts. The maximum per person of $15 is for food per each person attended. GIBS is a non-profit organization.

We appreciate you typing into this form and not handwriting it. Forms not completed correctly will be returned. Please contact Dr. Robert Brooks at **rgbrooks1@cox.net** with any questions. All documents are to be mailed within 20 days to:

Dr. Robert Brooks, GIBS Director of Finance

PO BOX 9457

805 WEST SHORE ROAD

WARWICK, RI 02889

NAME AND ADDRESS TO WHICH THE CHECK SHOULD BE SENT:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROUNDTABLE EVENT (LOCATION, DATE, AND DESCRIPTION):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **ITEM** | **EXPENSE**  |
|  |  |
|  |  |
|  |  |
| **TOTAL:**  | **$** |

Applicant Signature, Title, and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval is granted for: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval is denied for $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Robert Brooks, Director of Finance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_