**How to use this Template**

Please use this template for submitting a request for reimbursement. If you would like to submit an invoice for services, please do so using the services invoice template. There is help text above most cells in the spreadsheet.

**For Event Reimbursement and Other Reimbursables:**

- Attach and number all receipts.
- The mileage reimbursement rate is set every year and is automatically calculated in the template.
- Do not enter a mileage rate - template automatically includes IRS rate.
- Sign or type your name in the form where indicated.
- - Submit FIP related invoices and receipts through the FIP Portal. For non-FIP invoices and receipts, submit using instructions provided separately.
.

# 2026 Reimbursements Form

**PAYABLE TO:**

Payee Legal Name*: _____

Payee Email: _____

'Payee Legal Name should be the same as legal name on W9

**(Provide MAILING address if getting paid by check)**

Payee Address: _____

_____

**BILL TO:** [SELECT from drop-down] _____

55 Second Street, 24th Floor

San Francisco, CA 94105

---

**REFERENCE INFORMATION:**

Event Name _____

Optional Payee Ref # _____

Form Submit Date: _____

**PAYMENT TYPE: (check one)**

If bank info is on file, funds will only be paid via ACH: _____

**If no** bank info is on file, funds can be paid via Check: _____

Direct deposit using new bank info**: _____

**Separate form will be provided for new bank info

**TIME PERIOD FOR EXPENSES SUBMITTED**

Start Date: _____

End Date: _____

| Date of Expense | Receipt # | Description / Vendor | Lodging | Ground Transport | Mileage | Meals | Airfare | Entertainment | Misc. | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| | | | | | | | | | | $0.00 |
| Total | | | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

TOTAL **$0.00**

Approved: _____

Notes: _____