



FLEX Emergency Fund Request



All requests for Emergency Funds must be faxed to National Mgr Jan McInvale at 1-972-932-8722

Emergency funds must be pre-approved **BEFORE** any expenditure can be reimbursed. Please send original receipts attached to a copy of this form to:

**Jan McInvale
1152 Country Oaks Drive
Kaufman TX 75142**

Date Emergency Funds Request Faxed: _____ Original Receipts Mailed: _____

Student Name (print): _____

Country: _____ Student Code: _____

Date Needed: _____ **Amount of Check:** _____

MAKE CHECK PAYABLE TO: _____

Send Check To: _____

Date of Expense: _____

Emergency Funds are being requested for the following: (Check all that apply)

- () Co-pay for medical services & prescriptions
- () Physical exam (state specific reason): _____
- () Glasses & Eye exams (limit \$250)
- () School expenses (state specific reason): _____
- () Immunizations (please check with local health department for reduced cost)
- () Other Reason: _____