



FLEX Incidentals Worksheet



Each FLEX student has an incidental allowance of \$300 for the **entire** program year. P.I.E. recommends that families spend \$200 of this incidental allowance at the beginning of the year for start-up expenses (such as books and clothes) and \$100 at the end of the program for end-of-year expenses (such as extra luggage, prom, yearbook, etc). Be sure to budget the \$300 allowance to last the entire program year!

*****This form and original receipts must be submitted by June 1, 2010 to be eligible for reimbursement. *****

Mail this form and **original receipts attached to:**
Pacific Intercultural Exchange
ATT: FLEX Administrator
8880 Rio San Diego Drive, Suite 1045
San Diego, CA 92108

Student's Name: _____ Country: _____
(Print full name-no nicknames please)

Host Family's Name: _____ City & State: _____
(Print First and Last Name of Each Host Parent)

Date	Items Purchased	Amount
		\$
		\$
		\$
		\$
Total Amount Spent		\$

If your student needs a medical examination or vaccination, in order to enroll in school, PIE will reimburse for these items as long as original receipts are attached. These expenses are **not** part of the \$300 allowance. Please note that most public Health Offices will provide vaccinations at a low cost or for free. The costs of sports physicals are **not** covered by this expense allowance, so the student must pay for a sports physical him/herself if they need to play sports.

To be reimbursed for school-required medical examination or vaccinations, please submit a separate form called *FLEX Emergency Fund Request*. Please download the FLEX Emergency Fund Request from www.pie-flex.com.

Checks will be made payable to the host family unless otherwise indicated below:

Make Check Payable To: _____

Mail To: _____
(Mailing Address) (City, State and Zip Code)

We hereby declare the attached receipts are for purchases made for a FLEX student. We understand that P.I.E. will reimburse for purchases made, up to \$300.00, provided that original receipts are attached.

Student's Signature: _____ Host Parent's Signature: _____

IMPORTANT: PHOTOCOPY THIS WORKSHEET AND ALL RECEIPTS PRIOR TO MAILING