

# California Association of Family and Consumer Sciences

## Request for Expenditure of Funds

Account Name \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_

Check date \_\_\_\_\_

Purpose (attach bills, receipts to this form)	Actual Cost	Reimbursed Cost	Account Number
<b>TOTAL</b>			

**Reasons for Expenditure:**

Make check payable to:

Submitted by:

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

Signature \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

**Approval for expenditure of funds:**

Signature of Committee Chair or Authorizing Person \_\_\_\_\_

Name of Committee or Office \_\_\_\_\_

Signature of President \_\_\_\_\_

**ALL BILLS FOR THE CURRENT FISCAL YEAR MUST BE SUBMITTED BY May 15<sup>th</sup>**