

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
TOTAL			

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 15th