

OHIO ASSOCIATION OF FAMILY AND CONSUMER SCIENCES
EXPENSE PAYMENT REQUEST FORM-2019

Date Submitted: _____
(Mo/Day/Yr)

SUBMITTED BY: Name: _____ OAFCS Office: _____

PHONE: _____ E-MAIL: _____
(Area Code/Number)

BUDGET CATEGORY: _____
(Office, Subject Matter, Professional Section, Committee)

APPROVED BY: _____
(Officer, Committee or Section Chair)

| LIST WHAT EXPENSES WERE FOR: | AMOUNT: |
|------------------------------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| TOTAL: | _____ |

MAKE CHECK PAYABLE TO: _____

MAIL CHECK TO: Name: _____

(PLEASE PRINT) Address: _____

City: _____ State: _____ Zip: _____

Please attach bills/receipts and send to:
Candace Fox
OAFCS Treasurer
424 Summer Tree Way
Lewis Center, OH 43035

email: cf.candace.fox@gmail.com
phone: 740-398-4535

Be sure to make a copy for your files before mailing form and receipts.
Please allow 2 to 3 weeks for payment.

For Treasurer's Use:

Date Paid: _____

Check Number: _____