

OHIO ASSOCIATION OF FAMILY AND CONSUMER SCIENCES
EXPENSE PAYMENT REQUEST FORM

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:
Judy Husk, CFCS
OAFCS Treasurer
11920 Derbyday Court
Cincinnati, OH 45249

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:** _____