

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**

**Email: [jhuskcfc@gmail.com](mailto:jhuskcfc@gmail.com)  
Phone: 513-489-4302 (home)  
513-885-2027 (mobile)**

**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:** \_\_\_\_\_