

Texas AFCC Reimbursement/Request for Payment Form

Current Date:

Date of Expense:

Amount of Expense:

Brief Description of Expense/Purpose:

Approval Method (Budgeted/President Approval (under \$100)/Board Approval):

Date of Approval (President/Board Approval):

Payment to be made out to (person/organization):

Address for Payment to be Mailed to:

Signature of Requesting Party (Initials if sent via E-mail):

Office Use Only

President Initials:

Treasurer Initials:

Date of Reimbursement: