

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:

**Candace Fox
OAFCS Treasurer
7233 Hampton Hills Ln
New Albany, OH 43054**

**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: _____