



FODAC REIMBURSEMENT REQUEST

Reimbursement Request Form for Friends of Dana and Correia (FODAC).



CONTACT:

Person Submitting Request and Date:

Identify Committee or Event and School Associated with Expense:

_____ This expense has been approved by FODAC *(If receipt is in excess of budgeted amount please confirm FODAC Board approval prior to submission)*

_____ All receipts/invoices are attached (required)

DESCRIPTION: _____

AMOUNT:

Total for this Request: \$ _____

MAKE CHECK PAYABLE TO: _____

MAILING ADDRESS *(or instructions for delivery)*: _____

SIGNATURE: _____ DATE: _____

FOR FODAC USE ONLY

Signature & Date received/reviewed by President: _____

Signature & Date received/reviewed by Treasurer: _____

Check Date: _____ Amount: _____ Check #: _____

PLEASE ALLOW UP TO TWO WEEKS FOR PROCESSING AND DELIVERY OF PAYMENT. THANK YOU.