



FODAC REIMBURSEMENT REQUEST

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

Upon completion, please email this request along with receipts to treasurer@fodacms.org. Please allow 10 business days for processing.

CONTACT (Name & School):

(Circle one): Dana Correia

_____ 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):*

If possible, I would prefer to be reimbursed through Venmo. My Venmo account is _____ and the last 4 digits of my phone number (for verification) is _____

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.