

Texas Extension Association of Family and Consumer Sciences

Expense Requisition

Date: _____

Pay To: _____

Address: _____

Itemized List (Securely Attach Receipt)	Amount
Total Amount:	\$ _____

To be charged against budget item number: _____

Person Making Request: _____

Board Position: _____

Complete Mailing Address: _____

Telephone Number: _____

Approved: _____
Treasurer

Send 1 (one) copy to TEAFCS Treasurer. Retain 1 (one) copy for your records.

Treasurer Reimbursement Date: _____ Check # _____
