FASA Fiber Artists of San Antonio

Request for Funds

Requests must have an original CONTRACT/BILL attached

Expenses must be turned in within 45 days of occurrence. When Reimbursement Forms are received that are incomplete, member will be notified once via email of information that is missing

Name of Vendor _____ Phone # _____

Address check is to be mailed:

Street _____

City, State, Zip _____

Total Amount _____

For which project, event, committee, or office was this expense incurred? _____

_____

_____

emize Amounts: Description Amount

TOTAL	

Print Form Please print this form to sign it and present to treasurer with your receipts.

Requestor's Signature _____ Date _____

Chair Approval _____ Date _____

Signature of chair (OR email confirming request) must accompany form. If chair is requesting reimbursement, signature of a co-chair or another board member (OR email confirming request) must accompany form.

Completed reimbursement forms will be processed within 7 days of receipt. Reimbursement forms will not be processed during a FASA monthly meeting. This is to ensure correct processing of funds.

Treasurer's Use Only

Date Paid _____ Check Number _____ Account _____ Signature _____

For checks within the scope of approved budget which is above $200.00, the additional signature of the Board President (OR email confirming request) is required for check to be processed.