

Kansas Area AFG

Request for Funds / Reimbursement Form

Name of person requesting funds or reimbursement: _____

Expense Account Name: _____

Date requested: _____

Dated needed: _____

Amount requested: _____

Purpose of Funds:

Please attach receipts or other documentation if available such as flyers or bids.

Please attach completed conference registration forms to be mailed with check if applicable.

Make Check Payable to: _____

Mail check to: _____

If Required: Fund requests must be approved by the Coordinator or Officer responsible for the expense account (i.e. funds for Public Outreach must be approved by the Outreach Coordinator, funds for Alateen must be approved by the Alateen Coordinator, funds for postage must be approved by treasurer etc.)

Authorization of funds approved by: _____ Date: _____

Title of the service position: _____

To be completed by treasurer when paid:

Date request filled _____ Check Number _____ Amount paid _____

Check one: Check mailed _____ Check delivered in person _____

Check one: Reimbursement _____ Advance Payment _____