



CALIFORNIA FCCLA

Region Trust Accounts – Disbursement Request/Authorization

Region #: _____

Payable to: _____

Mail to: _____

City: _____ **State:** _____ **Zip:** _____

Amount: \$ _____

Purposes of Expenditure: _____

Items/Services: _____

(Give a specific and detailed description of the expenditure, its use, and purpose. Attach original receipts and/or invoices. Attach a copy of the approved Region Budget highlighting the specific line item on the budget that covers this expenditure. If not included on the approved Region Budget, attach a copy of the Region Executive Council Minutes approving the expenditure with the specific motion and results highlighted. If any portion of the reimbursement request includes a claim for transportation, lodging, or meal expenses, a Travel & Expense Form must also be completed and attached.)

Request Submitted by:

Name: _____

Position/Office: _____

Payment Approved by:

Board Treasurer Board Secretary Board President

For CA FCCLA Financial Services Office Use Only

Date: _____

Check #: _____

Amount: \$ _____ **# of Invoices:** _____

Processed by: _____

Accounting Classifications: _____

Region Approval by:

(Cannot be signed by the same person who is submitting the request):

(MUST be approved by one of the following. Please check appropriate box for the signing official).

Region Coordinator Region President Region Treasurer

This request/authorization form, along with appropriate documentation (original receipts, billing invoice, Travel Expense Claim form, etc.) must be submitted to the California FCCLA Office within 10 days of the incurred expense/activity for reimbursement/payment to be honored. If the incurred expense/activity falls on or after May 15th of a given year, this form and all documents must be submitted by June 20th for reimbursement/payment to be honored.

Please mail completed forms to: California FCCLA, Financial Services Office, PO Box 6, Galt, CA 95632