



# CALIFORNIA FCCLA

## State Treasury – Disbursement Request/Authorization

**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. If any portion of the reimbursement request includes a claim for transportation, lodging, or meal expenses, a State Association Travel & Expense Form must also be completed and attached.)

**Request Submitted by:**

**Name:** \_\_\_\_\_

**Position/Office:** \_\_\_\_\_

**Signature of person submitting Claim:**

**Certification of Expenditures:** *I hereby certify that the above stated expenses were incurred by me/my company while traveling for and/or engaged in official business for California FCCLA (if claiming reimbursement), and/or represent an accurate invoice for billing of products/services authorized by California FCCLA, and that neither I nor my company have received payment for these expenses from any other source.*

**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:** \_\_\_\_\_

*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 60 days of the incurred expense/activity for reimbursement/payment to be honored. If the incurred expense/activity falls on or after April 15<sup>th</sup> of a given year, this form and all documents must be submitted by June 20<sup>th</sup> for reimbursement/payment to be honored.*

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