FODAC REIMBURSEMENT REQUEST FORM

Please email completed form and corresponding receipts to treasurer@fodacms.org.
Receipts must be provided for reimbursement.

Contact Name: _____

Contact Email: _____

_____ Dana expense _____ Correia expense _____ For Both Schools

Description:

_____

_____

_____

Total requested amount: _____

_____ Check here if this expense has been approved by FoDaC. Please note that additional FoDaC approval may be required if total receipts are more than the approved amount.

Make check payable to: _____

Mailing address (or instructions for delivery):

_____

Signature: _____ Date: _____

Please allow up to 10 business days for processing.

FOR FODAC USE ONLY

Signature & date received/reviewed by President: _____

Signature & date received/reviewed by Treasurer: _____

Check Date: _____ Amount: _____ No.: _____