

FALLON PFC

Expense / Reimbursement Authorization Form

Date: _____

Payee: _____

Method of Payment: Remit Upon Receipt of Invoice

Requestor Name: _____

Pre-Issued Check to Merchant

Requestor Phone: _____

Reimbursement for Attached Receipts

NOTE: Requests involving expenditures beyond a program's budget must be approved by the Fallon PFC Board.

Line #	Trans. Date	Description / Purpose	PFC Event / Account	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Notes:

Subtotal	\$	-
Advances		
Total	\$	-

Mailing Address for Reimbursement Check : _____ **Dublin, CA 94568**

Requestor Signature: _____ Date: _____

AUTHORIZATIONS:

PFC Officer Signature: _____ Date: _____

PFC Officer Signature: _____ Date: _____

For Office Use Only

Check #: _____ Check Date: _____ Check Amount: _____