FCSC REQUEST FOR CHECK/DEBIT EXPENSE

Expense Month:_____

Date: _____

Payable to: _____ Amount: _____

Reason for Disbursement: _____

Requested by: _____

Approved By:_____

Budgeted Item: YES_____ NO_____ If not Board Approved: YES____ NO _____

Charge TO: Amount:

_____ _____ Date Paid: _____

_____ _____ Check Number: _____ ACH/Debit_____

_____ _____ Entered By:_____

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