



FASSE REQUISITION FORM

****All Receipts Must Be Attached To This Form****

To: Thomas Riedo, FASSE Office Administrator, and Kristin Airey, Treasurer

Date: _____

From: _____ **Email:** _____

Committee/Event: _____

If: Leadership Development, a summary report of trip needs to be attached for reimbursement

Check Request **Charge Card** **Refund** **Mileage Reimbursement**

Attached find my receipt(s) from:

In the amount of \$ _____

For the purpose of: (if mileage include total miles)

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If Check Request: Make check Payable to:

Name: _____

Address: _____

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

Phone Number: _____

Committee Chair Approval: _____

(Cannot be the same as person Requesting the Check)

Authorized FASSE Approval: _____

**** All expenses should be submitted within 30 days and need committee chair approval.****

Administrator / Treasurer Use Only:

Payment process #: _____ **Amount: \$** _____ **Date Paid:** _____

Budget Account: _____