COLORADO FAMILY SUPPORT COUNCIL BILLING FORM

**TO:** **Jerri Fritz, Treasurer**

**CFSC, Inc.
PO BOX 927
La Junta, CO 81050**

**RE:** **Reimbursement/Billing Request**

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

Receipts must be obtained and attached to this claim for every purchase made on behalf of the Colorado Family Support Council. When possible, have the business bill the Council at the above address. Board approval for expenditures is required. It is suggested that three (3) estimates be obtained to insure low cost. The CFSC tax exempt number is 98-09364.

**MAKE CHECK PAYABLE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF DATE OF BOARD DETAILS OF PURCHASE**

**EXPENDITURE APPROVAL (ITEMS, COST, PURPOSE) COMMITTEE AMOUNT**

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**COST TO CFSC: $\_\_\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_/\_\_\_/\_\_\_ CHECK#: \_\_\_\_\_\_**

**MEMBER ADVANCED: $\_\_\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_/\_\_\_/\_\_\_ CHECK#: \_\_\_\_\_\_**

**AMOUNT DUE MEMBER: $\_\_\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_/\_\_\_/\_\_\_ CHECK#: \_\_\_\_\_\_**

**REFUND DUE TO CFSC: $\_\_\_\_\_\_\_\_\_\_\_ DATE RECIEVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above expenditures were incurred as a result of my membership on the CFSC Board and are for CFSC use only.

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# Signature/Board Title Date