

STUDENT DIETETIC AND FOOD SCIENCE ASSOCIATION

RECORD OF OFFICER/MEMBER EXPENDITURES*

OFFICER: _____ MEMBER: _____

EVENT: _____ DATE: _____

EXPENDITURES

DATE OF RECEIPT	VENDOR	DESCRIPTION (in detail)	AMOUNT
			\$
		TOTAL	\$

ATTACH RECEIPTS TO THE BACK OF THIS REQUEST FOR REIMBURSEMENT

MAKE CHECK PAYABLE TO: _____

MAIL REIMBURSEMENT TO (ADDRESS): _____

PAYEE'S PHONE NUMBER: _____

SEND OR GIVE REQUEST TO TREASURER:

Monica Pang, monica.pang.711@my.csun.edu, SDFSA Treasurer

Mail to: CSUN Dept. of Family Consumer Sciences, 18111 Nordhoff St., Northridge, CA 91330

Drop off: SDFSA Mailbox @ FCS Office 140 in Sequoia Hall

TREASURER TO COMPLETE THIS BOX

Check #: _____

Date: _____

Paid to: _____

Amount: _____