

FFCNC Reimbursement/check request and purchasing procedures

1. Most large FFCNC expenditures should have approval of the board of directors so that budgetary constraints are followed. If you are unsure if an expenditure is approved, please contact the treasurer or board president before completing any purchases.
2. Please use the FFCNC reimbursement form to request repayment for all FFCNC expenditures.
3. If possible Include original receipts with the completed form. If not, then a copy should be submitted.
4. If possible please pay for FFCNC items separately.
(Please do not combine with personal purchases).
5. When preparing the form, list vendor, description and dollar totals for each receipt being submitted, one receipt on each line. Use additional forms if you are submitting more than 4 receipts. Please see the "example" form.
7. When possible, for larger FFCNC purchases (for example a large group dinner), it is preferable to use the club's **debit card**. When this is the case call or email the treasurer in advance with the ordering information so the purchase can be made by phone or on-line with the debit card.
8. When paying for food or admission tickets for large FFCNC functions and the debit card is not available please request an itemized receipt.

FRIENDSHIP FORCE OF CENTRAL NORTH CAROLINA

CHECK REQUEST (EXAMPLE)

(NOTE: PLEASE DO NOT COMBINE FFCNC PURCHASES
WITH PERSONAL PURCHASES ON THE SAME RECEIPT)

PAYEE
ADDRESS Fred Smith
CITY 1234 Main Street
CITY Charlotte
STATE NC
PHONE NUMBER 336-999-9999 (in case there are questions)
ZIP CODE 27677

PURPOSE OF EXPENDITURE/DISBURSEMENT

Food, beverages and supplies for Kosovo Open World exchange

PLEASE ITEMIZE AND DESCRIBE DIFFERENT TYPES OF PURCHASES SEPARATELY
BY VENDOR. ORIGINAL RECEIPTS MUST BE ATTACHED

VENDOR	DESCRIPTION	AMOUNT
1 Harris Teeter	Drinks and Napkins	\$12.77
2 Office Depot	Copy Paper and Printer ink	\$25.00
3 Total Wine	Wine and Beer	\$75.00
4	<hr/>	\$ _____
TOTAL AMOUNT REQUESTED		\$112.77

PREPARED BY: Jane Doe DATE 04/25/16
APPROVED BY: Treasurer Signs DATE _____
ACCOUNT OR EXCHANGE NO. Treasurer adds this information as needed

MAIL CHECK REQUEST ALONG WITH ORIGINAL RECEIPTS TO:

Ray Kiszely, FFCNC TREASURER
1917 Townsend Forest Lane
Brown Summit, NC 27214