



# FOTA Reimbursement Form

INSTRUCTIONS - Fill out the form as requested below:

1. Original receipts MUST be attached.
2. Committee Chair must sign.
3. Treasurer must sign.

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Requested by:.....

Check payable to:.....

Address:.....

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	Amount	Description of Expense
Holiday boutique:	.....	.....
Calendars:	.....	.....
Greetings Cards:	.....	.....
Theatre:	.....	.....
Concerts:	.....	.....
Art:	.....	.....
Other:	.....	.....
Total Amount:	.....	.....

Date:..... Amount Approved:.....

Signature of FOTA Chairperson:.....

Signature of FOTA Treasurer:.....