MT. DIABLO ELEMENTARY PARENT FACULTY CLUB
5880 Mt. Zion Drive
Clayton, CA 94517

EXPENSE REQUISTION FORM

PAY TO: _____

REQUESTED BY: _____

CONTACT TELEPHONE NUMBER: _____

DATE NEEDED: _____

DESCRIPTION	BUDGET CATEGORY	COST
	Total:	$0.00

ACTION (Drop in PFC Folder, pick up from Treasurer, mail, other):

_____

PFC EXEC BOARD APPROVAL: _____DATE:_____

DATE RECEIVED BY TREASURER: _____

CHECK NUMBER: _____ DATE CHECK ISSUED: _____

Original receipts must be attached. If no receipt is available, approval by PFC Executive Board member in charge (or President) must be obtained prior to submitting requisition.