

FRIENDSHIP FORCE OF CENTRAL NORTH CAROLINA

**PLEASE DO NOT COMBINE FFCNC PURCHASES
WITH PERSONAL PURCHASES ON THE SAME RECEIPT**

PAYEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

PURPOSE OF EXPENDITURE/DISBURSEMENT

**ITEMIZE AND DESCRIBE DIFFERENT TYPES OF PURCHASES SEPARATELY BY VENDOR
ONE RECEIPT ON EACH LINE - ORIGINAL RECEIPTS MUST BE ATTACHED**

VENDOR	DESCRIPTION	AMOUNT
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	\$ _____
5 _____	_____	\$ _____
TOTAL AMOUNT REQUESTED		\$ _____

PREPARED BY _____ DATE _____

APPROVED BY _____ DATE _____

ACCOUNT OR JOURNEY No _____

MAIL CHECK REQUEST ALONG WITH **ORIGINAL RECEIPTS** TO: Marta C Rhodes FFCNC TREASURER
920 Crafton Creek drive
Lewisville, NC 27023