OKLAHOMA EXTENSION ASSOCIATION of FAMILY and CONSUMER SCIENCES

ATTACH ALL BILLS AND RECEIPTS

**CLAIM FORM**

1. Complete the form below. Attach all bills and receipts.
2. Sign and date on the appropriate line.
3. Give or send to Treasurer for payment.

 Brenda Gandy-Jones

 Stephens County OSU Extension

 2002 South 13th

 Duncan, OK 73533

 Brenda.gandy@okstate.edu

Pay to

Address

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **For what office, committee, section or activity** | **Nature of Expense(s)** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Attach All Bills & Receipts | **TOTAL** |  |

Signature, person submitting claim Date

*For Treasurer Use: Date Paid Check #*

*Treasurer’s signature FY*