

CCFA Budget Requisition Form

Name of Recipient _____

Amount of Expense _____

Receipts?
must be attached

Date Submitted _____

Description of Expense:

Chargeable/NonChargeable (circle)

Budget code* _____

Approved by CCFA President _____

_____ Date

Check# _____

Treasurer _____

_____ Date

***codes**

Expenses

2-100		Conferences	4-100		Operations
2-110	C	CCA conf	4-110	C	Office supplies
2-120	C	conf, other	4-120	C	PO Box
			4-130	C	Media (web)
3-100		Meeting	4-140	C	goodwill
3-110	C	Expenses			
3-120	C	Neg. Team	5-100		Programs
3-130	C	E Board	5-110	C	Member Training
3-135	C	Faculty meetings	5-120	NC	Membership Promotion
3-140	C	EOY mtg	5-130	C	Welfare
		Honorium	5-140	NC	Scholarships
			5-150	C	Grievance processing
			5-160	C	Arbitration
			5-170	NC	CCFA PAC
			5-180	C	other