

FOC Expense & Reimbursement Request



Section #1

Date: _____ Check Requested YES NO Total Amount \$ _____

Name: _____

Mailing Address: _____

Phone #: _____

Section #2

CIRCLE Only ONE Event Category

1)* Back to School Night	9) Docent Party	17) Histories Mysteries	25) Rack Cards
2) Big Band Street Dance	10) *Docent Support	18) Interpretive	26) Research
3) *Boo Blvd.	11) *Docent Training	19) *Lamplight Tours	27) *School Tours
4) *Cinco de Mayo	12) *Exhibits	20) *Library/Archives	28) Special Project
5) *Chickens	13) Friends of Columbia Board	21) *Miner's Christmas	29) *Stories in Stone
6) Columbia Birthday	14) Ghost Tours	22) *Museum	30) Town Tours
7) *CRC (Costumes)	15) *Gold Rush Days	23) Parades	31)*Town Decorating
8) *Diggin's	16) *Gold Trek	24) Paranormal Tours	

Section #3

Circle ALL Expense Purposes

A) Accounting/Taxes/Insurance	F) Decorations/Props	J) Resale Items	N) Software
C) Advertising/Flyers/Press	G) Entertainment	K) Internet/Phone/Wifi	O) Support Services
D) Construction	H) Event Supplies	L) Licenses/Permits	P) Travel
E) Costumes & expense	I) Gifts/Good Will	M) Office Supplies	Q) Retail Merchandize

Section #4 List by individual receipts and upload or attach those receipts to this form when submitting

List amount of each receipt	List Date Purchased
Ex: \$14.95	5/12/2023
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
\$ _____ Total Receipts	

(updated 1/15/24DMB)

Instructions:

Complete sections 1-2-3-4 then submit Electronic OR Hard Copy

Electronic:
Complete form, upload form and receipts, email to Friendsofcolumbiashp@gmail.com, and copy to ColumbiaSHP@parks.ca.gov

Hard Copies :
Complete form, attach receipts and mail to **FOC PO Box 367 Columbia, CA 95310 attention TREASURER**

Reimbursement checks will be issued and mailed out on the 1st and 15th of each month after receipt to FOC(let us know if you need it expedited)

Friends of Columbia **thank you** for supporting historical interpretation @ Columbia State Historical Park

Office Use	
Approved By CHSP Interpreter-Signature _____	Date Forwarded by CHSP _____
Completed By FOC -Signature: _____	Date Received by FOC _____
	Date Mailed: _____
	Check Number Issued: _____