Friends of Florida State Forests
3125 Conner Boulevard, C-25
Tallahassee, FL 32399-1650
(W) 850.681.5875 (F) 850-681-5809
www.floridastateforests.org

ATTACHMENT B

EXPENSE FORM

Purchaser's Name: _____ Signature: _____

Fund Category (check one): FFSF ☐ DISTRICT/CENTER ☐ OOF ☐

District/Center and State Forest Name: _____

District/State Forest/Project: _____ Fund Code: _____

****Must be listed individually when multiple items are purchased on the same day****

Date of Expense	Vendor	Credit Card	Check Needed	Amount
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
TOTAL DAILY PURCHASES				**$ 0.00**

1. Submit this form to the Forest Management Bureau for all FFSF and OOF purchases.
2. Submit legible receipts/invoices for all expenditures.
3. If you do not receive an itemized receipt, try to obtain one from the vendor. If unable to do so, state on this form under the vendor's name, what was purchased and how many.
4. Keep either a copy or the originals for your files; but do not send both to Forest Management.
5. **Fiscal liaison and management must both sign this form before submitting to Forest Management.**

Fiscal Liaison approval _____ District/Center Manager approval _____

FM: QuickBooks _____ Date Entered _____ Initials _____