

PAYMENT AUTHORIZATION FORM

| Name of Person Requestin | g Check | | | Date | | | |
|--------------------------|---------------|--------------------|--|---------------------|-------------|--|--|
| Booster Position | | | | Telephone | () | | |
| Event or Description | | | | | | | |
| Date of Event | ent | | | Amount Requested \$ | | | |
| Date Approved in Minutes | | | Date Needed | | | | |
| □ Invoice Att | ached | □ Receipt Attached | | | | | |
| Method of Delivery: | □ Leave in Bo | ooster Mailbox | □ Call when Ready | □ Mail to Ad | dress Below | | |
| Write Check To: | | | | | | | |
| Name of Person/Company | | | | | | | |
| Address | | | | | | | |
| | | | (|) | | | |
| City | | | Zip Telephone | | | | |
| Approved By: | | | | | | | |
| | | | | | | | |
| President's Signature | | | Secretary's or Financial Secretary's Signature | | | | |
| | | | | | | | |
| FOR TREASURER USE: | | | | | | | |
| □ Membersh | ip-approved a | activity | | | | | |
| | | ed expenditure | | | | | |
| □ Funds relea | | | | | | | |
| Budget | Category | Budgeted Amount | Check Number | Am | ount | | |
| | | | | | | | |