PAYMENT AUTHORIZATION FORM

Date: _____

Name of Person Requesting Check: _____   Telephone **(   )** _____

Position: _____   City/Zip: _____

Event or Assignment: _____

Amount Requested _____

Date Approved: _____   **or**   **Budgeted Item** _____

Invoice attached   Receipt attached

Write Check To:

Name of Person/Company: _____

Address: _____

_____   **(   )** _____
City   Zip   Telephone

TREASURER USE:

Budget Category	Budgeted Amount	Check Number	Amount