



# PAYMENT AUTHORIZATION FOR REIMBURSEMENT

Please attach all receipts to this form.

Name of Requestor: \_\_\_\_\_ Approval notification date: \_\_\_\_\_

Email of Requestor: \_\_\_\_\_

Name of Payee (if different from requestor): \_\_\_\_\_

Delivery Method:

School Mailbox  Other Method: \_\_\_\_\_

Mail Vendor: \_\_\_\_\_  
Street City State Zip

Expenditure for: \_\_\_\_\_

List of Expenditures

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

Total Expenses \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Denied Expenditure by: \_\_\_\_\_ Date: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_

Check Number: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_