



PAYMENT AUTHORIZATION/REIMBURSEMENT

NAME _____ DATE _____

POSITION _____

TELEPHONE _____ EMAIL _____

EXPENDITURE DESCRIPTION _____

ORGANIZATION NAME _____

LIST EXPENDITURES	_____	\$ _____
(attach receipts)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

TOTAL \$ _____

DISBURSEMENT INSTRUCTIONS:

_____ Mail Check to Vendor (Attach Invoice with Address) Address _____

_____ Reimbursement Check to Name Listed Above _____

Signatures must be received before form is submitted to the Foundation

PRINCIPAL _____
PRINT NAME SIGNATURE

TEACHER REP _____
PRINT NAME SIGNATURE

STUDENT REP _____
PRINT NAME SIGNATURE

This form must be filled out in full. Put completed form in Foundation mail box. Disbursements will occur after the monthly Foundation meeting (2nd Tuesday of the month). Email Mary Jane Smith, Foundation Treasurer, with questions at mj32001@aol.com

TREASURER USE

Check # _____ Check Date _____ Date Approved in Minutes _____

Organizaton _____