



PAYMENT AUTHORIZATION FORM

Date _____

Name of Person Requesting Check _____

Position _____

Event or Assignment _____

Date of Event _____ Amount Requested \$ _____

Invoice attached Receipt attached

Write Check To:

Name of Person/Company _____

Address _____

_____ (____) _____

City

Zip

Phone

Office use only:

Date Approved in Minutes _____ Check Number _____ Check Date _____

PHS Music Booster President

PHS Music Booster Secretary or Financial Secretary



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