



Payment and Reimbursement Approval Form

Date _____

Please prepare a check as follows:

Choose account check should be drawn on: **Club Operations:**

Charities funds:

Payable to _____

Address: _____

In the amount of: \$ _____

To be charged to the following budget accounts:

Account or Description	Amount	Budgeted ?	
		Yes	No
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		

Are these funds to be refunded? Yes ☐

No ☐

PLEASE ATTACH SUPPORTING RECEIPTS OR INVOICES

Requested by: _____
(enter your name above)

Approved by
two board members: _____

Date of approval: _____

Check issued: Date of check/payment _____

Check number _____