

TESORO BOYS BASKETBALL

PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

Payable to: _____ Date: _____

Requested By: _____ Phone: _____

Address (for mailing) _____ Date needed: _____

Event Description/Budget Category: _____ Invoice # _____

(If your invoice reflects more than one event/budget category, please identify each and amount that should be deducted from each.)

_____ \$ _____ _____ \$ _____
 _____ \$ _____ _____ \$ _____

(Original Receipts must be attached)

Item	Place of Purchase	Amount
Total:		

Chairman's Authorization: _____

President's Signature: _____ Date: _____

Signature of Check Signer if other than Treasurer: _____

Treasurer's Notes:

Date Invoice Received: _____

Date Paid: _____

Check Number: _____

Amount of Check: _____