

Orville Wright Booster Club

Payment Authorization Form

Date: _____

Name of Person Requesting Check: _____ Telephone: _____

Position: _____

Event or Assignment: _____

Date of Event: _____ Amount Requested \$ _____

Review by Principal: _____

Initial if appropriate for Booster List Alternative Fund Source

Initial if denied

Approved in Minutes: Yes No

Invoice Attached Receipt Attached

Write Check to:

Name of Person/Company: _____

Address: _____ Phone #: _____

Approved by:

President Signature

Secretary Signature

For Treasurer's Use:

Executive Board Approved Expenditure

Budget Category	Budgeted Amount	Check #	Amount