

EDISON CHARGER AQUATICS BOOSTERS PAYMENT AUTHORIZATION FORM

SUBMITTED BY: _____

REQUEST DATE: _____

POSITION: _____

PHONE NUMBER: _____

PAY TO: _____

ADDRESS: _____

PHONE #: _____

CHECK IS NEEDED: ____ AS SOON AS POSSIBLE OR BY _____ (DATE)

____ PLEASE MAIL _____ GIVE TO REQUESTER ____ OTHER _____

ADDRESS ABOVE

Please give Budget Account if known

COMMITTEE/EVENT	DESCRIPTION (Attach Receipts)	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL REQUESTED \$ _____

PLEASE GIVE COMPLETED FORM WITH ORIGINAL INVOICES TO TREASURER FOR

PROCESSING

SECRETARY: _____

PRESIDENT: _____

TO BE COMPLETED BY TREASURER

EXPENSE ACCT(S): _____

CHECK #: _____ CHECK DATE: _____ DATE APPROVED BY BOARD: _____