

AUTHORIZATION REQUEST FORM

Use this form when you have purchased items for the school or if you need to make payment to someone that does not send invoices

DATE: _____

REQUEST PAYMENT FOR:

MAKE PAYMENT TO: (NAME & ADDRESS)

REQUESTED BY: _____

SUBMIT TO PRINCIPAL OR ATHLETIC DIRECTOR

The following reimbursement request is respectfully submitted on the basis of the above information and includes receipts or other documentation required for reimbursement.

Travel @ .70 per mile _____
Meals _____
Lodging _____
Registration _____
Other _____
TOTAL _____

APPROVED:
_____ PRINCIPAL
_____ ATHLETIC DIRECTOR
_____ SUPERINTENDENT