

# PAYMENT AUTHORIZATION FORM

Pay to \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Please attach invoice, debit/credit card/volunteer receipts, packing slips

Please check type:  Invoice  Credit Card Charge  Request for Reimbursement \_\_\_\_\_

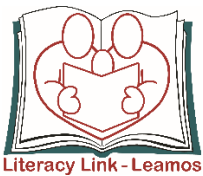
**Purpose:**

Fundraising	\$ _____
Outreach/Publicity	\$ _____
GCDC	\$ _____
Tutoring	\$ _____
Let's Read	\$ _____
Office/Admin	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL \$ \_\_\_\_\_

Bookkeeping
Paid: Date _____ Check # _____ Initials _____
Grant: _____
Entered in QuickBooks _____ date _____

rev 4/17/17 mbloy



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