

**Authorization
for Payment**
*(This form must accompany all
bills.)*



Date: _____

Pay to: _____

Address: _____

Telephone: _____

Booth/Committee: _____

Amount: _____

For: _____

Submitted by: _____

Booth Chair Approval: _____

Bazaar Co-Chair Approval: _____

ALL REQUESTS FOR REIMBURSEMENT DUE BY 12/06/09

FOR TREASURERS USE *(April Allen aallen@onealinc.com 446-5444)*

Date
Authorized by
Check Number

Posted