

**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 12/10/10**

**FOR TREASURERS USE** *(Boykin Exum [boykinex@bellsouth.net](mailto:boykinex@bellsouth.net) 790.5545)*  
**Date**  
**Authorized by**  
**Check Number** **Posted**