



South Pasadena High School Tiger Booster Club

Payment Authorization Form

Date: _____

Write Check to:

Payee: _____

Address: _____
Street City State Zip

Contact Information: _____
Phone Number E-mail

Description of Expense(s):

Committee, Event: _____

Requested by: _____ Position: _____

Please list expenses below:

Receipt Date	Name of Store/Vendor	Description of Purchases	Amount
		Total requested	

Please attach **ORIGINAL** supporting receipts/invoices to the back of this form.

-- For Treasurer's Use --

Approval:

President's Signature Secretary's Signature

Amount of check: _____ Check #: _____

GL Account _____ Class _____

Invoice Attached Receipt Attached

Please make a copy for your records before submitting to:

Barry Reynolds, SPHS Booster Club Treasurer, 1401 Fremont. Ave., South Pasadena, CA 91030