



South Pasadena High School Tiger Bingo

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 #: _____

Budget Line Item: _____

Invoice Attached

Receipt Attached

Date approved in
minutes: