

**PAYMENT AUTHORIZATION FORM / REQUEST FOR REIMBURSEMENT**

 **Please attach all receipts to this expense statement. (Allow 5-10 business days) Make Check Payable To: Jane Smith Date: 09/06/2023 Telephone #: 408-123-4556**

 **Email Address: janesmith@gmail.com Total: $120.00**

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| --- | --- | --- | --- |
| **Date**  | **Event or “Budget Category”**  | **Description**  | **Amount**  |
| 10/25 | Soliz Halloween Party | Plates and napkins (Mark) | $50 |
| 10/25 | Soliz Halloween Party | Craft (Jenny) | $50 |
| 10/26 | Soliz Halloween Party | Snacks (Mary) | $20 |
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**Would you like your reimbursement to be in the office or mailed? Office**

**Address (if requesting check to be mailed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Payee: Jane Smith**

**Signature of VP/Chairman Committee (for Event):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUDGET ALLOCATION:**

**Budget Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Budget Amount Allocated: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Request: $\_\_\_\_\_\_\_\_\_\_\_ Balance Forward: $\_\_\_\_\_\_\_\_\_\_\_**