

Newark Bluefins

Payment Authorization Form

Date: _____

Name of Person
Requesting Check _____ Phone _____

Position _____ City/Zip _____

Event or Assignment _____

Date of Event _____ Amount Requested \$ _____

Date Approved in minutes _____

Invoice attached _____

Receipt attached _____

Write check to:

Name of person/company _____

Address _____

Approved by:

Treasurer Use:

Budget category _____

Budgeted Amount _____

Check # _____

Amount _____