

Dodge Ridge National
Ski Patrol

PAYMENT AUTHORIZATION FORM

Name of person requesting check _____ Date _____

Board/ Staff Position _____ Phone ____ - _____

Event or Assignment _____

Date of event _____ Amount requested \$ _____

Date approved in Minutes _____

____ Invoice attached ____ Receipt(s) attached

Write Check to:

Name of Person/Company

Address

_____ (____) _____

City

State

Zip

Phone

Approved by:

Patrol Rep's signature

Treasurer's (or Financial Secretary's) Signature

For Treasurer's Use:

Membership-approved activity

Funds released by membership

Executive Board –approved expenditure

Budget Category _____

Budgeted Amount \$ _____

Check Number _____

Amount \$ _____