



Royal High School Band Boosters

PAYMENT AUTHORIZATION FORM



Date _____ Person Requesting Check _____

Phone (_____) _____

Event or Assignment (correspond to budget item)

Amount Requested \$ _____

Invoice attached

Receipt attached

Make Check Payable To:

Name of Person/Company _____

Address (if not on attached documentation)

(_____) _____

Phone

Treasurer Use:

Check Number	Amount	Budget Category