



Payment Authorization Form Pack 29

Date _____

Name of person requesting check _____ Phone (____) _____

Cub Scout Position _____ City/Zip _____

Event or assignment _____

Date of event _____ Amount Requested \$ _____

Date approved in minutes _____

____ invoice attached ____ Receipt attached ____ Other : _____

Write Check To:

Name of person /company _____

Address _____

_____ Phone (____) _____

City

Zip

Approved by:

Committee Chair Signature

Executive Committee Signature

For Treasurer use:

*Committee approved activity

*Executive approved expenditure

Budget Category	Budgeted Amount	Check Number	Amount