



**Payment Authorization Form
Adobe Bluffs Educational Foundation**

Date: _____

Name of Person Requesting Check: _____

Position: _____

Phone: _____ email address: _____

Reason: _____

Event Date (if applicable): _____ Amount Requested: \$ _____

Date Approved in Minutes: _____

Invoice attached

Receipt attached

Check Payable to:

Name of Person/Company: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Approved by:

President's Signature

Secretary's or Financial Secretary's Signature

For Foundation Treasurer use:

Executive Board approved expenditure

| Budget Category | Budgeted Amount | Check Number | Amount |
|-----------------|-----------------|--------------|--------|
| | | | |