



# Disbursement Authorization

Date Submitted: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Committee/Activity: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_

*(If not a budgeted item, attach a copy of the approved Financial Request)*

Amount: \_\_\_\_\_ Date Payment Needed By: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Authorizing Name: \_\_\_\_\_

Authorizing Signature #1: \_\_\_\_\_

Authorizing Signature #2: \_\_\_\_\_

*(signature #2 required for non-budgeted items over \$500.00)*

Vendor / Comment	Expenditure Date	Cost
		\$
		\$
		\$
		\$
		\$
<b>Total Cost</b> ("Amount", above)	---	\$

## Directions:

This form is required to request all payment of funds in accordance with the Band Parent Association policies as follows:

- All Officers' expenses require the approval of an officer not party to the original transaction.
- All Committee expenses must be authorized by the Committee Chair.
- All Committee Chair's expenses over \$100 must be authorized by the President or Vice President.
- Directors shall use this form for all of their payment requests.
- All requests must be accompanied by a valid receipt and all other required supporting documentation.
- Multiple expenditure items are to be described and totaled in the tabular summary box provided.

*Note: If the expense does not fall into any of these categories, it must be authorized by The Executive Board. All of the above requirements must be satisfied before payment will be issued.*

P.O. Box 6569, 600 Garretson Rd., Bridgewater, N.J. 08807

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_