



# OFFICIAL PAYMENT AUTHORIZATION

1443 E. Washington Blvd #289, Pasadena, CA 91104  
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VP & COMMITTEE: \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**REQUIREMENTS  
For Reimbursement**

- \* LIST EACH EXPENSE SEPARATELY**
- \* RECEIPTS & INVOICES FOR ALL EXPENSES**
- \* USE SEPARATE FORM FOR EACH VP**

Expense must be APPROVED by:  President  Executive VP  Treasurer  Secretary  
 Development VP  Membership VP  Education VP  Competition VP

<b>BUDGET LINE</b> <i>Determined by VP</i>	<b>EVENT/ DATE/ DESCRIPTION</b>	<b>EXPENSE Amount</b>

**TOTAL TO BE PAID:** \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Committee Chair*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of AVA Executive Officer*