



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

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

TOTAL TO BE PAID: _____

Date

Signature of Committee Chair

Date

Signature of AVA Executive Officer