



AMERICAN VAULTING ASSOCIATION

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OFFICIAL PAYMENT AUTHORIZATION FORM

(PLEASE use a separate for each Committee, Office or Function)

Name of Committee, Office or Function: _____

CHECK TO BE MADE PAYABLE TO: _____

MAILING ADDRESS: _____

Address must be included even if payment is hand delivered. No payment made unless complete mailing address is given.

PLEASE LIST EACH EXPENSE SEPARATELY SPECIFY PURPOSE AND ATTACH ALL RECEIPTS

Please check as applicable: this expense to be reviewed by: President Treasurer Secretary
 Executive VP Development VP Membership VP Education VP Competition VP

Budget Line Item <i>(Please be specific)</i>	Event/Date/Description	Amount of Expenditure

Total Amount to be PAID: _____

AUTHORIZATION: *Must be signed and dated by Chairman of the Committee/Function for which expenditure was made, and the appropriate Vice President or Executive Officer.*

Date

Signature of Committee Chair

Date

Signature of or VP

PLEASE NOTE: No payment will be made until a correct and complete PAYMENT AUTHORIZATION FORM with receipts attached has been submitted to the AVA National Office. Committee Chairs should submit the form to their VP and the VP will submit it to the National Office.