

CONEJO VALLEY UNITED SOCCER CLUB
PAYMENT AUTHORIZATION FORM

Date _____

Name of Person Requesting Check _____

Amount Requested \$ _____

Event or Assignment _____

Date of Event _____

Invoice or Receipt attached _____

Write Check to (Name of Person or Company):

.....

Check # _____

Date Approved in Minutes _____

Approved by:

President's Signature

Secretary's Signature