



# 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*