



OFFICIAL PAYMENT AUTHORIZATION

1443 E. Washington Blvd #289, Pasadena, CA 91104
(t) 323/654-0800, (f) 323/654-4306, (e) info@equestrianvaulting.org

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 Fundraising 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 EVUSA Executive Officer