PAYMENT AUTHORIZATION REQUEST
Lakeshore Band Parents, Inc
5771 Cleveland Ave.
Stevensville, MI 49127

Date:_____

Pay to the order of: _____ Include address if check should be mailed.
Amount: _____   **Band Credit Card Purchase** **Charged at Business** **Personal Reimbursement**
Requested by: (print name) _____
Signature:_____ **I confirm that these expenses are true and complete and are used for band purposes**

Attach all original invoices or receipts.

Where Purchased	Item Description	Total

Authorized by Band Director:_____Date:_____

Date reimbursement made:_____

Budget Line Item_____

Check Number:_____