



Friends of Poway High School Foundation

PAYMENT AUTHORIZATION FORM

Person Requesting Check _____ Date _____

Friends of PHS Position _____ Phone (_____) _____

Event or Assignment _____

Date of Event _____ Amount Requested \$ _____

Date Approved in Minutes _____

Invoice attached

Receipt attached

Write Check To:

Name of Person/Company _____

Address _____

_____ (_____) _____
 City Zip Phone

Approved by:

 Chairman/Vice Chairman

 Treasurer / Secretary

For Friends of PHS Treasurer Use:

Budget Category	Budgeted Amount	Check Number	Amount