

**Reimbursement Payment Authorization Form**

Submission date \_\_\_\_\_ Budget area \_\_\_\_\_

Category \_\_\_\_\_ Class \_\_\_\_\_

Name of person requesting check \_\_\_\_\_

Purpose of check \_\_\_\_\_

Amount requested \_\_\_\_\_ Receipt date \_\_\_\_\_

**Required for Payment**

Invoice attached     Receipt attached     Email attached

Mail check to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Board Member Approval #1 \_\_\_\_\_ Date \_\_\_\_\_

Board Member Approval #2 \_\_\_\_\_ Date \_\_\_\_\_

AoS Check # \_\_\_\_\_ AoS Check Date \_\_\_\_\_ Date Mailed \_\_\_\_\_

All requests are subject to approval.

Payment will be made within 30 days of final board approval.

Receipts must be turned in within 90 days of requested reimbursement.

Once completed please mail or email to [info@angelsonstage.org](mailto:info@angelsonstage.org) for board approval.