**Vista Athletic Boosters**

**(The Talon Club)**

**PAYMENT AUTHORIZATION FORM**

*\*please use one form per payee*

Request Date: Sport:

Check payable to:

Mailing Address: OR Leave in coach’s box

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor | Date | Description | Amount |
|  |  |  |  |
|  |  |  |  |
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 **TOTAL EXPENSES $\_\_\_\_\_\_\_\_\_\_**

Requestor’s Name:

Email address: Phone#:

AUTHORIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach**

AUTHORIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Treasurer**

AUTHORIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Athletic Director**

\*\* Please scan and email to vistatalonclub@gmail.com or leave in VAB box in the office.

\*\* All requests must have itemized receipt for reimbursement (bank or cc statement will not work).

\*\* Please allow 7 days for all check requests.

Revised 8/30/22