parkpride

for the greener good

Fiscal Partner Authorization to Release Payment

Date: _____

Issue Payment to: _____

Park Account: _____

_____

(Name and Number, e.g.: "My Park, 23000")

Mail to: _____

_____

_____

Expenses to be reimbursed/paid**

DATE	VENDOR	DESCRIPTION	AMOUNT
		TOTAL:	

Approved by: _____

(Authorized Fiscal Liaison Signature)

****Attach Receipt(s)/Invoice(s)**