

Check # _____

**Kiwanis Club of Spokane Valley
Authorization for Payment Request**

Committee: _____

Date: _____

Amount: _____

Payee: _____

Purpose: _____

Please attach all receipts & supporting documentation

Preparer: _____

Committee Chair: _____

*** If preparer is the committee chair the request must be signed by a board member or officer prior to approval.

Approved By Board ____/____/____ **Declined**

Club President: _____

If president is not available, approval can be signed by any club officer

cc: Committee Chair

****** All Requests Must be submitted to the Kiwanis Board for review and approval******