

ASSOCIATED STUDENTS of FREEDOM HIGH SCHOOL
1050 Neroly Rd., Oakley, California 94561

AUTHORIZATION for PAYMENT

This form must be filled out completely, properly signed, and presented to the
Student Accounts Office for final approval before a check or transfer may be processed.
Original invoices/receipts ONLY. Pre-authorization or Purchase Order must be on file in Student Accounts.

Please release funds in the form of a check or transfer from **Account #** _____

(Name of Club/Sport)

Payee Name _____

Address _____

City _____ **State** _____ **Zip** _____

Purpose/Event _____

(Complete information required for processing)

P.O. Number	Invoice Number	Invoice Date	Description of Charges	Amount
TOTAL AMOUNT				\$

This release of the funds is within the Approved Budget of this organization indicated above and the merchandise or services indicated have been received.

Signatures Required:

Student Accounts Administrator _____ **Date** _____

Club/Sport Advisor _____ **Date** _____

Student Treasurer _____ **Date** _____

*****DO NOT WRITE BELOW THIS LINE/ACCOUNTING OFFICE USE ONLY*****

Check/Transfer Number _____ **Date** _____