

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** \_\_\_\_\_