

## Central Florida Women's League Payment Approval

Person to Pay \_\_\_\_\_

Address you would like check mailed to: \_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Committee: \_\_\_\_\_

Committee Chair Approval: \_\_\_\_\_  
Print Name Sign

**\*\* ATTACH ORIGINAL RECEIPTS FOR REIMBURSEMENT\*\***

### **Treasurer:**

League \_\_\_\_\_

Foundation \_\_\_\_\_

Check #: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_