



Mid-Cities Basketball Association Purchase/Payment Authorization

Staple receipts here, if any.

Date Submitted: _____

Check To: _____

Address: _____

City, State, Zip: _____

SS# or Tax ID #: _____

If this is for reimbursement of an expense, please complete the following:

Date of Expense: _____

Originally Paid To: _____

Address: _____

City, State, Zip: _____

SS# or Tax ID #: _____

Enter total amount to be paid here

\$ _____

Description of Products or Services: _____

If This Authorization is for Referee Fees, Complete the Following:

<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>League</u>	<u>Teams</u>	<u>Commissioner Initials</u>	<u>Amount</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Not valid for payment unless signed below by two (2) league officials

Approved by: _____ Title: _____ Date: _____

Approved by: _____ Title: _____ Date: _____