

Sunnynook Scout Group

PAYMENT AUTHORISATION FORM

Name of person requesting payment _____

SSG Position _____

SSG Event or Activity _____

Date approved in Minutes _____

Date _____

Phone _____

Event Date _____

Amount requested _____

\$ _____

☐ Invoice attached ☐ Receipt attached

Write Cheque To:

Person/Company _____

Address _____

Bank Account _____

Phone _____

Approved by:

Signatory 1

Signatory 2

For SSG Treasurer use:

Budget category	Budgeted Amount	Cheque No./ Ref.	Amount Paid	Date Paid

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