**Boyertown Soccer Club**
**P.O. Box 325**
**Gilbertsville, PA 19525**
610-906-3555
http://www.boyertownsoccerclub.net

# Authorization for Expenditure

Check Number _____

Date Submitted _____

## *Submitted By:*

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

## *Payable To:*

Name _____

Address _____

City _____ St _____ Zip_____

Phone _____

| Qty | Description | Unit Price | TOTAL |
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| | | **Sub Total** | |
| | | **Shipping** | |
| | | **Total** | |

**Approvals**

Two signatures required

President _____

Vice President _____

Treasurer _____

Date Approved _____

**Accounts** *(Office Use)*

Expense _____

Transfer _____

*BSC – 4/6/08*