

SAN DIEGO MESA FOUNDATION, INC.

Authorization for Expenditure of Funds

DATE		Pick-Up (call o	ext)	Mail	
This is your authorization to	make a check payable to:				
NAME					· · · · · · · · · · · · · · · · · · ·
ADDRESS		PHONE #			
CITY	STATE		ZIP		
					
ACCOUNT TO BE CHARGE	ED				
General Fund	Student Scholarship Fund			1	T
	DESCRIPTIO	N	Quantity	Unit Price	Amount
Information/Documentation Required:					
Description/Details of purchase/service rendered					
Date & location of proposed activity					
Attach any Original Receipts/Invoices					
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING				SUBTOTAL	
				Shipping	
				TOTAL	\$
Requested By			Phone		
Account Custodian Appro	val		Date		
Check Number		Check	Date		
Received By		Date F	Rec'd/Mailed		