



Payment Authorization Form
Request for CEEF Funds

Date: _____

Person Requesting Check: _____

Phone: _____

Amount Requested \$ _____

Date funds are needed: _____

WRITE CHECK TO

Name of Person/Company _____
Address _____

Please explain how requested funds will be used:

Grade level, class or students benefiting from this CEEF expenditure:

CEEF President's Signature: _____

Presented at the CEEF Meeting on:

Approved	<input type="checkbox"/>
Deferred	<input type="checkbox"/>
Denied	<input type="checkbox"/>

CEEF Recording Secretary's Signature: _____

Date Paid	Check #	Check Amount	Budget Category