

**Cypress Falls Band Boosters
Individual Purchase Authorization
Request for Funds**

Submitted by: _____ Amount: _____

Date submitted: _____

For/purpose: _____

Make check to: _____

Address: _____
(required if check is to be mailed) _____

Requester's Signature: _____	Date: _____
Approved by: _____	Date: _____
Co-approved by: _____	Date: _____
<small>(Required if cash is requested or receipt is not available)</small>	

Check No.	Date	Amount

To be completed by Budget Committee Chairperson:

Record as charge to: _____ Budget Code: _____