

GCCP

AUTHORIZATION FOR EXPENSE PAYMENT

SUBMITTED BY: _____ **Required**

AUTHORIZED BY: _____ **Required**

DATE SUBMITTED: _____ **Required**

ACCOUNT NUMBER: _____ **Required**

AMOUNT: _____ **Required**

=====

Make check payable to:

Mail check to: If same check here _____

Name: _____

Name: _____

Street: _____

Street: _____

City: _____

City: _____

State / Zip Code: _____

State / Zip Code: _____

Required if address is new or changed.

Check Date: _____

Check Number: _____

=====

Payment Description (this expense was for):

Additional Instructions or Information: