

COCKEYSVILLE RECREATION AND PARKS COUNCIL

Request for Authorization of Payment

Payable to: _____ Amount: _____

Address _____

City, State, Zip _____

Telephone Number _____

Payment for: _____

Activity to be charged: _____

Payment requested by: _____ Date: _____

Chairperson approving signature _____ Date: _____

Expense Category:	Place X	Cost	Notes
_____	(10) Expendibles	\$ _____	_____
_____	(11) Capital Equipment	\$ _____	_____
_____	(12) Uniforms	\$ _____	_____
_____	(13) Officials	\$ _____	_____
_____	(14) Awards	\$ _____	_____
_____	(15) Independent Leadership	\$ _____	_____
_____	(16) Miscellaneous	\$ _____	_____
_____	(17) Other	\$ _____	_____

Please do not write below this line.

Approved by Council President: _____ Date: _____

Date Check Cut: _____ Check No.: _____

Date Mailed: _____

Note:

1. All requests must be signed by the Program chair or designated signee.
2. All requests must be accompanied by an invoice, purchase order, or registration form.
3. Requests may be mailed or scanned and sent electronically with the above information.
4. Any requests submitted with partial or incomplete information will not be processed.

Revised 9/11/06

Baltimore County Department of Recreation and Parks
Cockeysville Recreation Office 10401 Greenside Drive Cockeysville, Md 21030
(410) 887-7734 or (410) 666-7222 Fax: (410) 667-4185