

**MISS AUBURN** & MISS AUBURN'S  
**SCHOLARSHIP PROGRAM**  
 OUTSTANDING TEEN  
 STYLE · SERVICE · SCHOLARSHIP · SUCCESS

## Check Request

Please attach receipts behind this sheet.

Date:	Amount (total): \$	Budget Category(s): <input type="checkbox"/> MISS AUBURN – MASP <input type="checkbox"/> MISS AUBURN TEEN – MAOT
Make Check Payable to (please print clearly):		
Please choose proper budget category(s) above. If the receipt is for both programs, please breakdown the amount of each.	MISS AUBURN – MASP	MISS AUBURN TEEN – MAOT
	Amount: \$	Amount: \$
NOTES		
Submitted by (please print clearly):		Date:

### AUTHORIZATION

(Two signatures are required for payment)

SIGNATURE	SIGNATURE
TITLE (CHECK ONE): <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> TREASURER <input type="checkbox"/> EXECUTIVE DIRECTOR	TITLE (CHECK ONE): <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> TREASURER <input type="checkbox"/> EXECUTIVE DIRECTOR

### TREASURER'S SECTION

Check number	Date Paid
NOTES	