SPECIAL OLYMPICS TENNESSEE, INC.

CHECK AUTHORIZATION FORM

PROGRAM NAME: _____ **AREA #**_____

TODAY'S DATE: _____ **INVOICE DATE:** _____ **DATE DUE:** _____

INVOICE # _____

PAYEE NAME: _____

PAYEE ADDRESS (if different than attached invoiced or not on invoice):

_____

_____

Brief Description of Purchase: (i.e., uniforms, travel, etc.) **AMOUNT**

_____

_____

_____

_____

_____

_____

_____

_____

_____

TOTAL CHECK AMOUNT **$**_____

Signed _____

AREA DIRECTOR

EMAIL (OR SNAIL MAIL) THIS FORM TO:

FINANCE MANAGER

SPECIAL OLYMPICS TENNESSEE

412 CRAIGHEAD ST.

NASHVILLE, TN 37204

VTHOMPSON@SPECIALOLYMPICSTN.ORG

PHONE: 615/329-1375