



**Johnson County Extension Education Foundation
Authorization for Payment
(2024)**

To obtain reimbursement for your expenses or to have a bill paid, you **MUST** complete this form, attach receipt(s) and/or billing statement(s), and send it to the Extension Office, c/o Foundation, 11811 S. Sunset, Olathe, KS 66061-7057.

Date: _____ Amount: \$ _____

Name of Grant/Project: _____

Pay to the Order of: _____

Mailing Address: _____

Description of Purchase (include event): _____

Requested by: _____

Approved by: _____

To be completed by Treasurer

GL Account No. (Line No.) _____

Date Paid: _____

Check Number: _____

Checking Acc't Line No.: _____