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: ________________________

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To be completed by Treasurer

GL Account No. (Line No.) ________________________

Date Paid: ________________________

Check Number: ________________________

Checking Acc’t Line No.: ________________________