Johnson County Extension Education Foundation
Authorization for Payment
(2023)

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): _____________________________________________

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________

______________________________________________________________________________

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.: _______________