



PAYMENT AUTHORIZATION FORM ATTACHMENT A

Submit this form and supporting documentation electronically to CarolBrock@Coj.net and NolanB@Coj.net within 120 days following the close of the event for reimbursement pursuant to TDC Contract. Failure to do so shall result in Recipient's loss of funds.

FROM: _____
(Organization – name under which grant funds were requested)

EVENT NAME: _____ EVENT DATE: _____

<u>Vendor</u>	<u>Purpose of Expense</u>	<u>Invoice Attached</u>	<u>Proof of Payment Attached</u>	<u>Amount</u>
		Indicate below with an "X"		
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL:				\$

Authorized Agent Name: _____

Authorized Agent Signature: _____ Date of Submission: _____