

## ORA Purchase Authorization / Request Form

(Note: most purchases require prior Board of Directors approval except as stated below\*)

Name of Requestor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pay to the Order of: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Street

City

State

Zip

Amount Requested: \_\_\_\_\_

Purpose/Justification:

\*Board Approval Date: \_\_\_\_\_

\*Members of the Board of Directors, Board appointed Committee Chairperson, and the Coaches are authorized to make small purchases without prior Board approval. **Any purchase over \$100.00 requires prior board approval in writing.**

Date Requested: \_\_\_\_\_

*FOR ACCOUNTING USE ONLY:*

CHECK NO. \_\_\_\_\_ or ELECTRONIC DISTRIBUTION NO. \_\_\_\_\_

NO. DATE: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

CATEGORY: \_\_\_\_\_