

Central Pennsylvania July 4th, Inc.
Payment Authorization & Request for Check

Date: _____

Division _____

Amount: _____ Account# _____

Payable to: _____

Address: _____

Payment Due Date: _____

Description of Services/Product:

Division Chair Approval _____
(over \$500.00)

For purchases over \$1,000. List Companies/Individuals quotes received from:

Name: _____ Quote: _____

Name: _____ Quote: _____

Name: _____ Quote: _____

CPJ4 Check # _____

Please submit completed/approved forms to the 4thFest Treasurer for payment