

**HINDU CENTER, CHARLOTTE, NC
FINANCE MANAGEMENT COMMITTEE**

AUTHORIZATION OF PAYMENT

DATE _____

TO: THE TREASURER

PAY TO _____ **AMOUNT \$** _____

ADDRESS _____

PAY FOR _____

Authorization of payment **MUST** accompany valid invoice from a service provider OR valid receipts if one tries to recover money spent on behalf of the Hindu Center.

Is the expense is covered in your budget?

YES _____ NO* _____

Debit these payments from the budget account _____

APPROVAL:

Chairperson's signature

**President's signature

Chairperson's name

President's name

-
- **Payment can not be made until it is within the approved budget.**
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Approval by Finance Management Committee

The requested payment is approved _____, is not approved _____ because it is not budgeted.

FMC Chairperson's Signature/ Name

RECEIPT OF PAYMENTS ACKNOWLEDGEMENT

I certify that requested payment of \$ _____ is received for the above stated purpose.

Check number: _____ Dated _____

Signature of the recipient: _____

Name of the recipient _____ T/N _____