



Purchase Authorization

Realms of Avalon

Item Purchased: _____

Reason for Purchase: _____

Date Ordered: _____ Date Received: _____

Amount of Invoice \$ _____ Invoice # _____

Company Name: _____

Company Address: _____

Comments: _____

Requested by: _____

Officer use only:

Approved by: _____ Position: _____ Date: _____

Approved by: _____ Position: _____ Date: _____

Amount \$ _____ (Check method of payment) Cash Money Order Check # _____



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