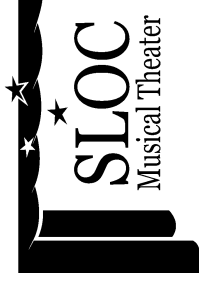


Schenectady Light Opera Company

Payment Authorization



Vendor: _____

Payment Amount: _____

Payment Description : _____

Invoice Date:	_____	Invoice #:	_____	Billing Period:	_____	Amount:	_____
Invoice Date:	_____	Invoice #:	_____	Billing Period:	_____	Amount:	_____
Invoice Date:	_____	Invoice #:	_____	Billing Period:	_____	Amount:	_____
Invoice Date:	_____	Invoice #:	_____	Billing Period:	_____	Amount:	_____

Operating Capital Campaign Account #: _____

Operating Classification

Administration

Production

Fundraising

Facilities

Marketing

Other _____

Capital Campaign Classification

Unrestricted 826 State

Main Street PAC - all 3 bldgs

Metroplex Theater

Other _____ Annex

Ed Building

Taurus Rd

Posted on: _____
Date

Posted by: _____

Check #: _____

Check Amt: _____

Authorized by: _____
Print Name Signature

Print Name Signature

Print Name Signature