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2200 North Loop West Ste 126 Houston, Texas 77018 Ofc: 832-943-4000 Web: www.boxresidential.com

## **Request for Approval/ Resolution to Authorize Payment**

This is a request to Authorize payment in the amount of \$\_\_\_\_\_

to pay the enclosed bill for the following service(s): \_\_\_\_\_\_

PRESENTED BY:			
Requested by:			
Company Name:			
Address:			
Email:			
Phone Number:			
APPROVED BY; the BOAR	D with the following signatur Printed Name	res and seals:	
Treasurer	Printed Name	Date	
Secretary	Printed Name	Date	
Michael W. Jefferson Associat	ing Managing Agent	Date	