PAYMENT AUTHORIZATION FORM

_____ PTA

Date _____

Name of Person Requesting Check _____ Telephone (_____)_____

PTA Position _____ City/Zip_____

Event or Assignment _____

Date of Event _____ Amount Requested $_____

Date Approved in Minutes _____

❒ Invoice attached ❒ Receipt attached

Write Check To:

Name of Person/Company _____

Address _____

_____ (_____) _____
City Zip Telephone

Approved by:

_____ _____
President's Signature Secretary's or Financial Secretary's Signature

FOR PTA TREASURER USE:

❒ Membership-approved activity ❒ Funds released by membership

❒ Executive Board-approved expenditure

Budget Category	Budgeted Amount	Check Number	Amount