

PAYMENT AUTHORIZATION FORM

_____ PTA

Date _____

Name of Person Requesting Check _____

Phone(_____) _____

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 Phone

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