

PAYMENT AUTHORIZATION FORM

	PTA	
	Date	
Name of Person Requesting Check	Phone	e()
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	r Financial Secretary's Signature
For PTA treasurer use:		
	unds released by membership	
☐ Executive Board-approved expenditure		
Budget Category Budgeted Amour	t Check Number	Amount