

PAYMENT AUTHORIZATION FORM

_____ PTA

Name of Person Requesting Check _____ Date _____
PTA Position _____ Telephone (____) _____
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
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