

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