

**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