



everychild.one voice.

PAYMENT AUTHORIZATION FORM

_____ PTA

Date _____

Name of Person Requesting Check _____

Telephone (____) _____

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 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