



Payment Authorization Form
17th District PTA

Date: _____

Name of Person Requesting Check: _____ Phone: () _____

PTA Position: _____ City/Zip: _____

Budget Line Item: _____

Event or Assignment: _____

Date of Event: _____ Amount Requested: \$ _____

Write Check To:

Name of Person/Company: _____

Address: _____

City

Zip

()

Phone

Invoice attached

Receipt attached

Date Approved in Minutes: _____

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

Table with 4 columns: Budget Category, Budgeted Amount, Check Number, Amount