

PTA PAYMENT AUTHORIZATION FORM

Date _____

Name of Person Requesting Check _____

PTA Position _____

Date of Event _____ Amount Requested \$ _____

Date Approved in Minutes _____ Check Number _____

Invoice Attached Receipt Attached Check Date _____

Write check to:

Name Person/Company _____

City

State

Zip

Phone

President's Signature

Secretary's or Financial Secretary's Signature

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