PAYMENT AUTHORIZATION FORM

DATE: _____ UNIT: _____

CHECK #

Person Requesting Check _____ PTA Position _____

Approval Date	BUDGET/EVENT	DESCRIPTION OF PURCHASE	AMOUNT
	1.		
	2.		
	3.		
	4.		

☐ Invoice(s) Attached ☐ Receipt(s) Attached ☐ Other

TOTAL AMOUNT REQUESTED $

WRITE CHECK TO: _____

PTA
everychild.onevoice.

President's Signature _____ *Secretary's or Financial Secretary's Signature* _____

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