

CHECK REQUEST / PAYMENT AUTHORIZATION FORM

Date _____

Write Check to:

Name of Person/Company _____

Address _____

City

State

Zip

Phone

Name of Person Requesting Check _____

()

Phone

PTA Position _____

Event or Assignment _____

Budget Category _____

Date of Event _____

Amount of Request \$

Date Approved in Minutes _____

Check Number

☐ Invoice Attached

☐ Receipt Attached

Check Date

☐ Credit Card Receipt Attached

☐ Check to be Mailed

☐ Check to be Picked Up

Special Instructions: _____

President's Signature

Secretary's Signature