

REQUEST/AUTHORIZATION FOR PAYMENT

To be completed by Treasurer:

Check # _____

Check Date _____

Amount Paid _____

Account _____

_____ ALL ORIGINAL RECEIPTS/ DOCUMENTATION ATTACHED

Check Paid To _____

Address _____

_____ (City)

_____ (State)

_____ (zip code)

Phone Number _____

PURPOSE OF PAYMENT

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

TOTAL TO BE PAID \$ _____

REQUESTED BY: _____ POSITION _____

DATE _____

REVIEWED/APPROVED BY: _____ PTA PRESIDENT

DATE _____

Date Processed and Check Written _____ Treasurer Initials _____

Mailed: _____ Handed to Payee _____