



everychild. onevoice.

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 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