



PAYMENT AUTHORIZATION FORM

- Use this form to request payment to a third party such as a vendor for goods or services.
- Invoice must be attached.
- Place this form in the Treasurer's box once it is complete
- Payments can only be made if funds have been approved and released by membership.

Date: _____

Name of Person Requesting Check: _____ Telephone: _____

PTA Position: _____

Event or Assignment: _____ Date of Event: _____

Payment Requested is For: _____

Amount Requested \$ _____

Date Approved in Minutes: _____

Invoice Attached

Receipt Attached

Write Check To:

Name of Person/Company: _____

Address: _____

City, Zip

Telephone

Approved By:

Membership-Approved Activity

Funds Released By Membership

Executive Board-Approved

President's Signature

Date

Secretary's Signature

Date

FOR PTA TREASURER USE:

Warrant Number	Budget Category	Budgeted Amount	Check Number	Amount

Treasurer's Signature: _____ Date: _____