

First Avenue Middle School Parent Teacher Association

Get Involved...Inspire and Catpult Our Children to Success

PAYMENT AUTHORIZATION FORM / EXPENSE STATEMENT

(PLEASE ATTACH ALL ORIGINAL RECEIPTS AND/OR EXPLANATION/JUSTIFICATION FOR EXPENSE TO THIS FORM)

TO BE COMPLETED BY PERSON REQUESTING CHECK

DATE: _____

NAME OF PERSON REQUESTING CHECK: _____

EMAIL ADDRESS FOR QUESTIONS _____

PTA POSITION _____

BUDGET LINE ITEM	EVENT
DATE OF EVENT (IF APPLICABLE) _____	

AMOUNT REQUESTED: _____ \$ _____

MAKE CHECK PAYABLE TO:

SEND CHECK TO NAME OF PERSON/COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP _____

ADDITIONAL COMMENT/INFORMATION/ JUSTIFICATION FOR EXPENSE _____

REQUIRED SIGNATURES

<i>APPLICABLE CHAIRPERSON (Signature & Date)</i>	<i>President (Signature & Date)</i>
CHAIRPERSON NAME / PTA POSITION (Printed)	Recording Secretary (Signature & Date)

FOR PTA TREASURER USE:

CHECK DATE	CHECK NUMBER
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BUDGET CATEGORIES	AMOUNTS
TOTAL CHECK AMOUNT	\$ -

ADDITIONAL COMMENTS/INFORMATION _____
