



everychild. onevoice.

PAYMENT AUTHORIZATION FORM

Monterey Hills PTA

Date: _____

Name of Person Requesting Check: _____

Telephone: (____) _____

PTA Position/Other: _____

City/Zip: _____

Event or Assignment: _____

Date of Event: _____

Amount Requested: \$ _____

Date Approved in Minutes: _____

Invoice Attached Receipt Attached

Write Check To: Mail Check Put Check in My Box Put Check in Treasurer Box

Name of Person/Company: _____

Address: _____

_____ (____) _____

City

Zip

Telephone

Approved By:

President's Signature

Treasurer or Financial Secretary's Signature

FOR PTA TREASURER USE:

- Membership-approved Activity Fund Released by Membership
- Executive Board-approved Expenditure

Budget Category	Budgeted Amount	Check Number	Amount