

AUTHORIZATION FOR PAYMENT

Office Use Only:

Check # _____

Check Date _____

Amount Paid _____

Account _____

DOCUMENTATION/RECEIPTS MUST BE ATTACHED

Check To Be Paid To: _____

Childs Name/Teacher: _____

Address: _____

(zip)

Phone Number: _____

PURPOSE OF PAYMENT

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

TOTAL REQUESTED \$ _____

REQUESTED BY: _____

TITLE: _____

DATE: _____

APPROVED BY: _____ PTA PRESIDENT

DATE: _____