

PAYMENT AUTHORIZATION FORM

Myron B. Green Elementary PTA

Date: _____

Name of Person Requesting Check: _____

Telephone: (____) _____

PTA Position: _____

City/Zip: _____

Event or Assignment: _____

Date of Event: _____

Amount Requested \$ _____

Date Approved in Minutes: _____

Invoice Attached

Receipt Attached

Write Check To:

Name of Person/Company: _____

Address: _____

City Zip Telephone (____)

Approved by:

President's Signature

Secretary's or Financial Secretary's Signature

For PTA Treasurer Use:

Membership –approved activity

Funds released by membership

Executive Board-approved expenditure

Budget Category	Budget Amount	Check Number	Amount