

# PAYMENT AUTHORIZATION FORM

Date: \_\_\_\_\_ Unit: \_\_\_\_\_

<i>CHECK #</i>

Person Requesting Check

PTA Position

<i>Approval Date</i>	BUDGET / EVENT	DESCRIPTION OF PURCHASE	AMOUNT

Invoice(s) Attached     Receipt(s) Attached     Other

TOTAL AMOUNT REQUESTED

\$
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WRITE CHECK TO: \_\_\_\_\_



\_\_\_\_\_  
*President's Signature*

\_\_\_\_\_  
*Secretary's Signature*