

## Payment Authorization Form

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

Name of PTA/PTSA unit \_\_\_\_\_

### Payment Authorization/Request for Reimbursement (request for "Advance" on other side)

Name: \_\_\_\_\_ PTA position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Street City Zip

Expenditure was for: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Write Check to: (Name of Person/Company) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Officer/Chairman's Signature \_\_\_\_\_

Date approved in minutes: \_\_\_\_\_ Secretary's Signature: \_\_\_\_\_

President's signature: \_\_\_\_\_

**TREASURERS USE  
ONLY**

Budget Category	Budgeted Amount	Check Number	Amount
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-----Cut along dotted line -----

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