Proctor School PTA
Payment Authorization Form

Today's Date:_____

Make check payable to:_____

Name of person requesting check:_____

PTA Position:_____ Phone #:(___)_____

Account to Charge: _____ $_____

_____ $_____

_____ $_____

Total amount requested: **$**_____

Date of Event:_____ Date approved in Minutes:_____

Description of Disbursement:_____

_____

_____

Delivery & Other Instructions/Comments: _____

_____

Original receipts must accompany check request form for each expense less than $500. The receipt or invoice must contain the full name of the vendor and a description of services or supplies. Descriptions are necessary for all line items on a receipt that are not clearly defined.
Expenses must be pre-approved and requests submitted by March 1, 2010 if possible.

Approved By:

_____ _____

President's Signature **Date** **Secretary/Financial Secretary's Signature** **Date**

For PTA Treasurer's use:

☐**Membership approved activity** ☐**Executive Board approved activity** ☐**Funds released by membership**

Budget Category:	**Budgeted Amount:**	**Amount Requested:**	**Amount Paid:**	**Check #:**	**Date Paid:**