



# Proctor School PTA

## Payment Authorization Form for Proctor Staff



Today's Date: \_\_\_\_\_

Name of person requesting check: \_\_\_\_\_

Account to Charge:

➤ Classroom supplies \$ \_\_\_\_\_

➤ Field Trip Fund \$ \_\_\_\_\_

➤ Other (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

**Total amount requested:** \$ \_\_\_\_\_

Description of Disbursement: \_\_\_\_\_

\_\_\_\_\_

Make check payable to: \_\_\_\_\_

Special Instructions/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Attach invoice(s) and receipt(s) to this form to be paid.*

***Requests without invoice/receipt will be returned and will delay processing of reimbursement check.***

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 Paid:

Check #:

Date Paid:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_