PAYMENT AUTHORIZATION FORM

Cerritos 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 _____ Budget Line Item _____

_____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

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For PTA Treasurer Use:

_____Membership-approved activity _____Funds released by membership

_____Executive Board-approved expenditure

Budget Category	Budgeted Account	Check Number	Amount