

**PAYMENT AUTHORIZATION FORM**

Lanai Road PTA

Name of Person Requesting Check \_\_\_\_\_ Date \_\_\_\_\_  
 Phone(\_\_\_\_) \_\_\_\_\_  
 PTA Position \_\_\_\_\_ City/Zip \_\_\_\_\_

Event or Assignment \_\_\_\_\_  
 Date of Event \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
 Date Approved in Minutes \_\_\_\_\_  
 Invoice attached       Receipt attached

**Write Check To:**

Name of Person/Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 City Zip Phone

**Approved by:**

\_\_\_\_\_  
 President's Signature Secretary's or Financial Secretary's Signature

For PTA treasurer use:

- \* Membership-approved activity
- \* Executive Board-approved expenditure
- \* Funds released by membership

Budget Category	Budgeted Amount	Check Number	Amount