

PAYMENT AUTHORIZATION FORM

Las Colinas Middle School PTSA

Date _____

Name of Person Requesting Check _____ Phone(_____) _____

PTA Position _____

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 Signature

For PTA treasurer use:

Membership-approved activity Funds released by membership

Executive Board-approved expenditure

Budget Category	Budgeted Amount	Check Number	Amount