

AUTHORIZATION FOR PAYMENT

Office Use Only:  
Check # \_\_\_\_\_  
Check Date \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Account \_\_\_\_\_

**DOCUMENTATION/RECEIPTS MUST BE ATTACHED**

Check To Be Paid To: \_\_\_\_\_  
Address: \_\_\_\_\_ (zip) \_\_\_\_\_  
Phone Number \_\_\_\_\_

**PURPOSE OF PAYMENT**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL REQUESTED \$ \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ PTA PRESIDENT

DATE \_\_\_\_\_