

THIRD PARTY PAYMENT AUTHORIZATION FORM

_____ PTA

Date _____

Name of Person Requesting Check _____

Telephone (____) _____

PTA Position _____

City/Zip _____

Event or Assignment _____

Date of Event _____

Amount Requested \$ _____

Date Approved in Minutes _____

☐ Invoice attached

Write Check To:

Name of Person/Company _____

Address _____

City Zip Telephone

FOR PTA TREASURER USE:

☐ Membership-approved activity

☐ Funds released by membership

☐ Executive Board-approved expenditure

Budget Category	Budgeted Amount	Check Number	Amount
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Approved by:

President's Signature

Secretary's Signature

Date approved in minutes _____