Check #

**PAYMENT AUTHORIZATION FORM**

Mountainview PTA

Date: \_\_\_\_

Person Requesting Check PTA Position

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approval****Date and Motion Number** |  | **BUDGET/EVENT** | **DESCRIPTION OF PURCHASE** | **AMOUNT** |
|  |  | 1. |  |  |
|  |  | 2. |  |  |
|  |  | 3. |  |  |
|  |  | 4. |  |  |
|  |  | 5. |  |  |
|  |  | 6. |  |  |
|  Invoice(s) Attached  Receipt(s) Attached  Other | TOTAL AMOUNTREQUESTED | **$** |

WRITE CHECK TO: \_\_\_ \_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Phone

Treasurer: please mail to the address noted above (Date mailed by Treasurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I (Person requesting the check) will pick up/deliver the check after it is ratified

President’s or Vice President’s Signature Secretary’s Signature