

**Payment Authorization Form
Adobe Bluffs PTA**

Date: _____

Name of Person Requesting Check: _____

PTA Position: _____

Phone: (____) _____ Email Address: _____

Event or Assignment: _____

Date Approved in Minutes: _____ Amount Requested: \$ _____

Invoice Attached

Receipt Attached

Requester's Signature

Check Payable to:

Name of Person/Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please check here if requesting "rush" payment (prior to next board meeting).

Approved by:

Reviewed by:

President's Signature

Secretary's Signature

For PTA Treasurer use:

Budget Category	Budgeted Amount	Check Number	Date	Amount
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Membership approved expenditure

Board approved expenditure

Treasurer's Signature