



everychild.onevoice.

CHECK NUMBER _____

CHECK REQUEST / PAYMENT AUTHORIZATION FORM

Date _____

Write Check to:

Name of Person/Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name of Person Requesting Check _____ () _____

Phone _____

PTA Position _____

Event or Assignment _____

Budget Category _____

Date of Event _____ Amount of Request \$ _____

Date Approved in Minutes _____ Check Number _____

Invoice Attached Receipt Attached Check Date _____

Credit Card Receipt Attached

Check to be Mailed Check to be Picked Up

Special Instructions: _____

President's Signature

Secretary's Signature