



PAYMENT AUTHORIZATION FORM

MAJESTIC WAY PTA

Name of Person Requesting Check _____ Date _____
PTA Position Majestic Way Teacher Phone(____) _____
City/Zip _____

Event or Assignment Teacher Budget (Classroom Enrichment)

Date of Event _____ Amount Requested \$ _____

Date Approved in Minutes 09/16/2020

Invoice attached Receipt attached

Write Check To:

Name of Person/Company _____

Address _____

City Zip Phone

Approved by:

President's Signature

Secretary's or Financial Secretary's Signature

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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