



Check Number: _____

DANA HILLS HIGH SCHOOL PTSA PAYMENT AUTHORIZATION FORM

Date: _____

Name of Person Requesting Check _____

PTA Position _____ Phone _____

Budget Item or Event _____

Description (if necessary) _____

Date Approved in Minutes _____ Amount of Request \$ _____

- Invoice Attached
- Receipt Attached
- Check to be Mailed
- Check to be Picked Up

Write Check To:

Name of Person/Company _____

Address _____

_____ (_____) _____
 City State Zip Phone

President's Signature

Secretary's Signature

Requesting PTA Funds:

1. Requests must be for funds already budgeted and expense authorizations approved by the PTA membership.
2. A completed Payment Authorization Form must be accompanied by proof of money spent (i.e. an invoice marked "PAID" or a dated original cash register receipt.)
3. Place the Payment Authorization Form in the PTSA president's mail box for approval.

Please allow approximately 7-14 days for issuance of check.

The person making this request should retain a copy of this form for his/her records.

FOR TREASURER USE ONLY	
<i>Budget Category:</i> _____	<i>Check Number:</i> _____
<i>Budgeted Amount:</i> _____	<i>Check Date:</i> _____