

PTA Greathouse/Shryock Traditional Elementary School

GREATHOUSE/SHRYOCK PTA AUTHORIZATION FOR PAYMENT INSTRUCTIONS

DATE REQUESTED _____

DATE NEEDED BY _____

TO BE FILLED OUT BY BOARD OF MANAGERS COMMITTEE CHAIR. DOCUMENTATION/RECEIPTS MUST BE ATTACHED

**DOCUMENTATION MUST BE ATTACHED OR PAYMENT CANNOT BE MADE
NAME AND ADDRESS OF PAYEE AND PURPOSE OF CHECK: (one payee per form)**

Check Payable To: _____

Address: _____

PURPOSE OF PAYMENT

AMOUNT

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

TOTAL REQUESTED \$ _____

REQUESTED BY: _____ NAME OF CHAIRPERSON (YOU!)

COMMITTEE: _____ NAME OF COMMITTEE

ACCOUNT#: _____ NUMBER OF YOUR ACCOUNT

GIVE THIS FORM TO PRESIDENT WHEN COMPLETED

APPROVED BY: _____ PRESIDENT OF PTA

TO BE FILLED OUT BY PRESIDENT AND THEN GIVEN TO TREASURER

TO BE FILLED OUT BY TREASURER OF PTA

CHECK # _____

CHECK DATE _____

AMOUNT PAID _____

ACCOUNT # _____