## **PAYMENT AUTHORIZATION FORM**



## Adolfo Camarillo High School PTSA

Date	e						
Name of Person Requesting Check				Phone			
PTA	A Position						
	ent or Assignment						
Date	e of Event		Amount Red	uested \$	datata.		
Date	e Approved in Minutes						
	Invoice attached	Receipt atta	ached				
	Amount related to this	s expense <b>donated</b> ( <u>d</u>	<u>o not</u> include in reimb	ursement amount) \$ <sub>_</sub>			
			ed amount: ☐ Yes ☐ ount was for under ad		Thank You for your donati	on!	
Add	ditional Information:						
<u>Wri</u>	te Check To:						
Nan	ne of Person/Company	/					
Add	lress						
	City		Zip	( Phone	)		
<u>Apr</u>	proved by:						
Pres	sident's Signature		Sec	retary's Signature			
For	PTA treasurer use:						
	Membership-approved	activity	☐ Funds released b	y membership			
	Executive Board-appro	ved expenditure					
	Budget Category	Budgeted Amount	Check Number	Amount	Date of Check		
	1						