Santa Clarita Valley PTA
everychild. onevoice.

PAYMENT AUTHORIZATION FORM

Helmers PTA

Date:_____

Person Requesting Check:_____ PTA Position:_____

Date Approved in Minutes	Motion #	BUDGET/EVENT	DESCRIPTION OF PURCHASE	AMOUNT
❒ Invoice Attached ❒ Receipt Attached ❒ Other			**TOTAL AMOUNT REQUESTED**	**$** 0.00

Write Check To:

Name of Person/Company:_____

Address:_____

_____ ( )

City Zip Telephone

Approved by:

_____ _____

President's Signature Secretary's Signature