



EASTSHORE ELEMENTARY PTA
CHECK REQUEST
PAYMENT AUTHORIZATION FORM

Name of Person Requesting Check _____ Date _____

PTA Position _____ Telephone () _____

Event or Description _____

Date of Event _____ Amount Requested \$ _____

Date Approved in Minutes _____ Date Needed _____

- Invoice Attached Receipt Attached

Method of Delivery: Leave in PTA Binder/Mailbox Call when Ready Mail to Address Below

Write Check To:

Name of Person/Company _____

Address _____

_____ () _____

City

Zip

Telephone

Approved By:

President's Signature

Secretary's or Financial Secretary's Signature

FOR PTA TREASURER USE:

- Membership-approved activity
 Executive Board-approved expenditure
 Funds released by membership

Budget Category	Budgeted Amount	Check Number	Amount