

PAYMENT AUTHORIZATION FORM

Date: ___/___/___

Unit Name: Castaic Elementary PTA

CHECK #

Person Requesting Check: _____

PTA Position: _____

APPROVAL DATE	BUDGET/EVENT	DESCRIPTION OF PURCHASE	AMOUNT

Invoice (s) Attached

Receipt (s) Attached

Other

TOTAL AMOUNT REQUESTED

\$

WRITE

CHECK TO: _____



PTA President's Signature: _____

Secretary's or Financial Secretary's Signature: _____

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