12th District PTA

PAYMENT REQUEST / AUTHORIZATION FORM

All payment requests must be received by the treasurer at least two days prior to BOM meetings. When possible please keep personal copies of receipts that accompany your request. Thank you.

Date: _____

Name of Person Requesting Check: _____

PTA Position: _____

Budget Category: _____

Receipt or Invoice Attached: Yes_____ No_____

Date of Event: _____ Amount Requested $ _____

Make Check Payable To: _____

Address: _____

_____

_____Zip Code_____

Phone: _____

Please send this request to: Laura Ann Hawk-Loya, 12th District Treasurer

1838 Candle Pine Lane

Simi Valley, CA 93065

(805) 306-9761/(805)501-7430

To be completed by 12th District Treasurer:

Date Approved in Minutes: _____ Check #:_____

Check Date: _____

PRESIDENT'S SIGNATURE: _____

SECRETARY'S SIGNATURE: _____

Revised 08/27/11