

PAYMENT AUTHORIZATION FOR VENDOR/SERVICE PROVIDER

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT (Must be for 1 vendor)

Person Completing Form _____

PTA Position _____

Address _____

City/Zip _____ Telephone () _____

Email _____

Expenditure for Committee/Event: _____

List invoices and Purpose (Spirit wear, Paper Goods etc):

Purpose	Invoice#	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
Total Expense		\$ _____

Additional comments _____

Signature _____ Date _____

Signature of VP/Chairman for Program/Event _____

FOR PTA TREASURER USE:

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

Check Number	Category	Amount Advanced	Expenses	Amount Owed or Due

President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____