



PAYMENT AUTHORIZATION FORM

Goleta Family School PTA

Name of Person Requesting Check: _____ Date: _____

PTA Position: _____ Phone: _____

Item for Reimbursement: _____

Date: _____ Amount Requested: _____

Date Approved: _____

Invoice Attached Receipt Attached

Write Check To:

Name of Person or Company: _____

Address: _____

Telephone: _____

Approved By:

President's Signature

Secretary's Or Financial Secretary's Signature

For PTA Treasurer Use:

Membership-Approved Activity Funds released by membership

Executive Board-approved Expenditure

Budget Category	Budgeted Amount	Check Number	Amount