



**DUTCH RIDGE ELEMENTARY PTA**  
CHECK REQUEST AND  
PAYMENT AUTHORIZATION FORM

Name of Person Requesting Payment: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PTA Position: \_\_\_\_\_

Phone #: (     )     -     \_\_\_\_\_

Event or Description: \_\_\_\_\_

Date of Event:                    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount Requested:            \$ \_\_\_\_\_

Date Needed:                    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Approved in Minutes:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Verification:
- Invoice(s) attached
  - Receipt(s) attached

*\*\*Please place multiple receipts in an envelope attached to this form.*

List Expenditures:	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Method of Delivery:**

- Leave in PTA Mailbox
- Mail to person requesting reimbursement
- Mail to vendor/business

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (     )     -     \_\_\_\_\_

Signature of Person Requesting Payment: \_\_\_\_\_

Approved By:

\_\_\_\_\_ *President's Signature*

\_\_\_\_\_ *Treasurer's Signature*

**FOR PTA TREASURER USE ONLY:**

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

BUDGET CATEGORY	BUDGETED AMT	DATE	CHECK #	AMOUNT