

PAYMENT AUTHORIZATION FORM (2011-2012)

Fletcher Elementary PTA

Date: _____

Name of Person Requesting Check: _____

Amount Requested: _____

Purpose:

<input type="radio"/> Classroom/PE Teachers Mini-Grant	<input type="radio"/> Event:
<input type="radio"/> Support-Staff Mini-Grant	<input type="radio"/> Supplies Fund
<input type="radio"/> Curriculum Enhancement	<input type="radio"/> Snack Program
<input type="radio"/> Author Visits	<input type="radio"/> Standout Assembly Refreshments
<input type="radio"/> Magazine Subscription for Classroom Use	<input type="radio"/> Startup Funds for:
<input type="radio"/> Assemblies	<input type="radio"/> Other:

Invoice Attached **Receipt Attached** (receipts must be submitted within 30 days of purchase)

Write Check to:

Name of Person/Company: _____

Address _____

_____ (city, state) (zip) (phone)

Approved by: _____

President's Signature

For PTA Treasurer Use:

Date Approved in Minutes: _____ Funds Released by membership: _____

Budget Item: _____

Check Number: _____ Amount: _____