

PAYMENT AUTHORIZATION FORM

LAKESIDE MIDDLE SCHOOL PTA

Date: _____

Person Requesting Check:

Print Name

Signature

Expense/Category Type:
Amount Requested:

\$ _____

attached

_____ Original receipt(s) attached _____ Invoice

****Payment will not be made without receipt or invoice****

Make Check Payable To:

Name

Address

Phone

Delivery Instructions:

_____ Mail payment to the above address

_____ Deliver to PTA Folder _____

Position/Name/Event

_____ Deliver to Staff Mailbox _____

Name on Box

_____ Deliver payment to _____

For PTA Use Only

Signature of President

Signature of Secretary

Check #/ Check Date _____ / _____

Check Amount \$ _____ Date Mailed/Delivered _____