

# W.L. Valentine PTA

## Payment Authorization Form

### Reimbursement Procedures:

1. Fill out form and attach receipts (keep copies for your records).
2. Submit the completed form with attached receipts and a self addressed stamped envelope to the Chairman or Executive Committee Member in charge. **Receipts must be submitted within 30 days of event date. May expenditures must be submitted by June 2 and June expenditures are due by June 30.**
3. The Chairman or Executive Committee Member verifies the expense as within budget and signs.
4. Submit to the Treasurer for payment.

---

Today's Date	<input type="text"/>	
Name of Person Requesting Check:	<input type="text"/>	
PTA Position:	<input type="text"/>	
Phone Number	<input type="text"/>	
Event or Assignment:	<input type="text"/>	
Date of Event:	<input type="text"/>	
Amount Requested:	<input type="text"/>	Invoice or Receipt attached : <input type="checkbox"/>

### Write Check To:

Name of Person/Company:	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>		

---

Executive Committee Member's Signature

---

Chairman's Signature

---

### For Treasurer's Use Only:

Date Approved in Minutes \_\_\_\_\_

---

President's Signature

---

Recording Secretary's Signature

Check Date \_\_\_\_\_

Check Number \_\_\_\_\_