

**Franklin Elementary School PTA**  
**PAYMENT AUTHORIZATION FORM**  
**(ALL receipts and/or invoices MUST be attached)**

Requester Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Submission Date: \_\_\_\_\_

**Expenditure Information**

Amount: \$ \_\_\_\_\_  Invoice(s) attached  Receipt(s) attached

Event/Purpose: \_\_\_\_\_

Make Payable to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**FOR PTA TREASURER USE:**

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Category	Check Number	Date Issued