

Franklin Elementary School PTA PAYMENT AUTHORIZATION FORM

(ALL receipts and/or invoices MUST be listed & attached)

Person Completing This Form: _____ Submission Date: _____

Phone: _____ Email: _____

Expenditure Information

Amount: \$ _____ Invoices(s) attached Receipt(s) attached

Make Check Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Enter vendor and amount for each receipt or invoice below. *If you have more than 6 receipts use a second request form and attach.*

Vendor	Purpose/Event	Amount
TOTAL		

FOR PTA TREASURER USE:

Approved by:

President: _____ Date: _____
John Jericiau, President 2017-18

Recording Secretary: _____ Date: _____
Patti Senior, Recording Secretary 2017-18

Budget Category	Check Number	Date Issued