



# TRABUCO HILLS HIGH PTSA CHECK REQUEST / PAYMENT AUTHORIZATION FORM

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Date of request: \_\_\_\_\_  
Date check needed: \_\_\_\_\_  
Requested by: \_\_\_\_\_  
Email address: \_\_\_\_\_

Check made payable to: \_\_\_\_\_  
Address (if check is to be mailed): \_\_\_\_\_  
\_\_\_\_\_

Committee / Budget category: \_\_\_\_\_

ITEM DESCRIPTION / PURPOSE:	AMOUNT:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

RECEIPTS MUST BE ATTACHED! TOTAL: \$ \_\_\_\_\_

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## APPROVALS:

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Recording Secretary's Signature

Approved: \_\_\_\_\_  
Date

Ratified: \_\_\_\_\_  
Date

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DATE CHECK ISSUED: \_\_\_\_\_

CHECK # \_\_\_\_\_

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