



TRABUCO HILLS PTSA CHECK REQUEST / PAYMENT AUTHORIZATION FORM

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: \$ _____

APPROVALS:

President's Signature

Recording Secretary's Signature

Approved: _____

Ratified: _____

Date

Date

DATE CHECK ISSUED: _____

CHECK # _____