

PAYMENT AUTHORIZATION FORM

LAKESIDE MIDDLE SCHOOL PTA

Date: _____

Person Requesting Check:

Print Name

Signature

Expense Category/Type:

Amount Requested:

\$ _____

Original receipt(s) attached Invoice attached

****Payment will not be made without receipt or invoice****

Make Check Payable To:

Name

Address

Phone

Delivery Instructions:

Mail payment to above address

Deliver to PTA Folder _____
Position/Name/Event

Deliver to Staff Mailbox _____
Name on Box

Deliver payment to _____

Special Instructions:

For PTA Use Only

Signature of President

Signature of Secretary

Check # / Check Date _____ / _____

Check Amount \$ _____ Date Mailed/Delivered _____