

FREMONT COUNCIL PTA AUTHORIZATION FOR PAYMENT

NAME _____

Name of person requesting check

*Date
Approved:*

Event / Activity _____ Date: _____

Event/Activity Chairperson _____ Approved _____
Printed Name Initials

Date Requested _____

Amount	Budget Category
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total _____

Receipts/Invoices attached:

_____ Yes _____ No, this is an advance. Receipts will follow.

Instructions for check disbursement:

Issue check to: _____ Me _____ Invoice address _____ Other (name and address below)

The Treasurer of Fremont Council PTA

Ck. No. _____

Will please pay _____ \$ _____

_____ Dollars

President _____ Secretary _____