



CHECK NUMBER _____

1520 Brookhollow Drive, Suite 40, Santa Ana, CA 92705

GENERAL OPERATING ACCOUNT PAYMENT AUTHORIZATION FORM

Date _____

Write Check to:

Name of Person/Company _____

Address _____

City State Zip Phone

Name of Person Requesting Check () Phone

PTA Position _____

Event or Assignment _____

Budget Category _____

Date of Event Amount of Request \$ _____

Date Approved in Minutes Check Number _____

Invoice Attached Receipt Attached Check Date _____

Credit Card Receipt Attached

Check to be Mailed Check to be Picked Up

Special Instructions: _____

President's Signature

Secretary's Signature