

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

PAYMENT AUTHORIZATION / REQUEST FOR REIMBURSEMENT

Write Check To:

Name of Person/Company: _____

Address (if check is to be mailed): _____

City: _____ State: _____ Zip: _____ Telephone: _____

Mail Check Check to be Picked Up at Office Deliver Check To: _____

Name of Person Requesting Check: _____ Date: _____

PTA Position: _____ Telephone: _____

Event or Assignment: _____ Date of Event: _____

Budget Acct #	Budget Account Name	Description of Expense	Amount
Total Amount Requested: \$			

Invoice or Receipts MUST be attached to this form: Invoice Attached Receipt(s) Attached

Special Instructions: _____

Approved by:

Vice President's Signature: _____

President's Signature: _____

Secretary's Signature: _____ Date Approved in Minutes: _____

For PTA Treasurer Use:

Check Date	Check Number	Amount