

Black Mountain Middle School PTSA Payment Authorization Form

Name of Person Requesting Check _____ Date _____

PTA Position/Committee _____

Date of Event _____ Date Approved in Minutes _____

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

☐ All Receipts/Invoices Attached Total Amount Requested _____

Check made payable to _____

Payee address _____

Please provide a self-addressed, stamped envelope if you would like the check mailed.

Approved by:

Secretary's Signature

President's Signature

Tape receipts below or on back.

Loose receipts will not be accepted!

TREASURER USE ONLY

☐ Membership-approved activity ☐ Funds released by membership ☐ Executive Board-approved expenditure

Budget Category	Budgeted Amount	Check Number	Check Date	Check Amount