Pleasanton PTA
everychild. onevoice.

PLEASANTON PTA COUNCIL
PAYMENT AUTHORIZATION FORM

Submitted By: _____ *Date:* _____

PTA Position: _____ *Phone:* _____

Payee: _____

Address: _____

City: _____ *Zip:* _____

DISTRIBUTION INSTRUCTIONS:

☐ PLEASE MAIL CHECK ☐ I WILL PICK UP; PLEASE CALL WHEN READY

Event/Program/Budget item	***Description of Expense***	***Expense $$***

Total Requested _____

☐ **INVOICE OR RECEIPTS ATTACHED**

APPROVALS:

_____ _____

President's Signature *Secretary's Signature*

FOR TREASURER ONLY

Date Approved in Minutes: _____ ***Date Paid:*** _____ ***Check #*** _____

Bring completed request to Council meeting or, if necessary, mail your request to Council Treasurer, Eileen Armstrong 5448 Greenfield Way, Pleasanton 94566