**Westpark Elementary PTA** 

**Check Request/Payment Authorization Form**

|  |  |
| --- | --- |
| **Today's Date** |  |
| **Name of Person Making Request** |  |
| **Email Address** |  |
| **PTA Event/Program** |  |
| **Amount Requested** |  |
| **Brief Description of Item(s)** |  |
|  |  |
| **Write Check Payable to** |  |
| **Address of Payee** |  |
|  |  |
|  |  |
| **How do you want check delivered?** |   □ **put in teacher cubby**   □**mail**  □ **leave in PTA office for pickup** |

Please staple itemized invoice(s) or receipt(s) to this request form.

Checks are issued approximately every 2 weeks.

Questions? Email *treasurer@ptawestpark.com*.

|  |  |  |
| --- | --- | --- |
|  | **PTA Use Only** |  |
|  | Authorized Signer #1 Name: |  |  |   |  |
|  | Signature |   | Date |   |  |
|  | Circle Role | President / Executive VP / VP 1 / VP 2 |  |
|  | Authorized Signer #2 Name: |  |  |   |  |
|  | Signature |   | Date |   |  |
|  | Circle Role | President / Executive VP / VP 1 / VP 2 |  |  |  |
|  |  |  |  |  |  |
| Check # |   | Date |  | Budget Category |   |  |