

Irvine Unified Council PTA

Payment Authorization

To be filled in by person requesting funds:

Date: _____ Requested by: _____

_____ Reimbursement (staple receipt to back of this form)

_____ Pre-Issue Check (Irvine Council will need a receipt)

_____ Order Form or Bill (Staple Council copy to the back of this bill)

AMOUNT: _____

Make check payable to: _____

FOR: _____

Event/Committee: _____

Signature of Chairman: _____

PRESIDENT:

Date: _____ Signature: _____

SECRETARY:

Date: _____ Signature: _____

Minutes Approval Date: _____ WARRANT # _____

TREASURER:

Budget Category: _____

Date Issued: _____ Check # _____

Signature: _____