Irvine Unified Council PTA
everychild. onevoice.

Check Request
Payment Authorization Form
Irvine Unified Council PTA

Your Name (please print) _____

Your School Name (or Council Position)_____

Today's Date_____Date check needed_____

Event /Description_____

Amount Requested $_____

Write Check Payable to: _____

Address (if check is to be mailed)_____

City, State, Zip_____

You **MUST** staple an invoice or receipt to this request form.
Mail or place completed forms in the PTA Mailbox in the IUSD District Office.
Checks are issued approximately every two weeks.

IUCPTA Use Only

_____ Date_____
President's Approval

_____ Date_____
Recording Secretary's Approval

Check #_____ Warrant #_____

Treasurer Approval_____

Budget Category_____ Date of Check_____