TEAM POMELO
POMELO ELEMENTARY PTA
PAYMENT AUTHORIZATION FORM

Date: 

Submitted by: PTA Position: 

Telephone: Email: 

Event /Budget Category: 

Write check to: 
Name of Person/Company: 
Address: 

Special Instructions: 

Attach invoices / receipts & summarize below

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<th>Date</th>
<th>Description</th>
<th>Amount</th>
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Total Amount Requested: $

Approved by: 

President’s signature
Recording Secretary’s signature

*Checks will be turned into the office unless otherwise requested
*Please allow 5-7 days for processing. If you have any questions, contact Jennifer Yep at (818) 347-6747 or Jenniferyep@yahoo.com

PTA Treasurer use only:

Budget Category_________ Budget amount$______
Check #_________ Check amount $______