

**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*

Date	Description	Amount
<b>Total Amount Requested: \$</b>		

**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](mailto:Jenniferyep@yahoo.com)

**PTA Treasurer use only:**

**Budget Category** \_\_\_\_\_

**Budget amount** \$ \_\_\_\_\_

**Check #** \_\_\_\_\_

**Check amount** \$ \_\_\_\_\_