



# Robert C. Fisler PTSA Payment Authorization Form

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

**Procedure for payments/reimbursements:**

1. This form must be completed with the original receipt/invoice attached.
2. Submit the form to the Treasurer (box in Office Copy Room) by Tuesday for a Check on Friday.

**Check payable to:**

**Amount: \$** \_\_\_\_\_

\_\_\_\_\_  
Business or Person Name

**Invoice Attached:** \_\_\_\_\_

\_\_\_\_\_  
Address

**Receipt Attached:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**Event:** \_\_\_\_\_

**Teacher/Classroom:** \_\_\_\_\_

(Required for Teacher Gift Reimbursement)

**Description of purchase or reimbursement:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submitted By:**

\_\_\_\_\_  
Sign Name Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Print Name

**Approved By:**

\_\_\_\_\_  
**President** Date

Treasurer received authorization  
via telephone on \_\_\_\_\_  
Date

\_\_\_\_\_  
**Secretary or Financial Secretary** Date

Treasurer received authorization  
via telephone on \_\_\_\_\_  
Date

<p>For Treasurer's Use Only:</p> <p>Approved as:</p> <p>_____ Budgeted Item</p> <p>_____ Executive Board approved</p> <p>_____ Funds released by Membership</p>	<p>Approved in Minutes on: _____</p>
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