



Great Hollow Middle School PTA Payment Authorization Form

Date: _____

Total Amount: _____

Name of Person Requesting Check: _____

Check Payable to (if different): _____

Accounts to be charged:

Budget Category:	Amount:	Special Instructions/Notes:
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Please Tape or Staple Receipts To the Back of This Form.

For Treasurer Use Only

Treasurer's Signature

Check #: _____ Date: _____