

Check Authorization Form, WLES PTA

committee member complete top part of form and get appropriate signatures

committee name:	budget line:
items purchased:	check amount (\$):
name of check: (with address if to be mailed by treasurer)	

Receipts must be attached

(1) chairperson signature/date:
(2) officers signature/date:
(3) treasurer signature/date:

for Treasurer's use only

check#:
check date:
delivery method:

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