

**Durant Road Elementary PTA
EXPENSE CHECK AUTHORIZATION**

DATE SUBMITTED: _____

PERSON OR BUSINESS TO WHOM CHECK WILL BE ISSUED:

ADDRESS TO MAIL CHECK or CHILD'S NAME/TEACHER'S NAME AND TRACK:

PURPOSE: _____

BUDGET CATEGORY (if known): _____

DOLLAR AMOUNT TO EXPENSE: _____

ITEMIZATION (if multiple expenses):

REQUESTOR SIGNATURE: X _____

***REMEMBER TO ATTACH RECEIPTS -
EXPENSE(S) WILL NOT BE PAID WITHOUT RECEIPT(S)***

Treasurer Authorization: _____

Date: _____

Check Number: _____

Approved Budget Category: _____