

University Park PTA

4572 Sandburg Irvine CA 92612

949-936-6300 Fax 949-936-6309

Check Request Payment Authorization Form

All checks must be requested within 60 days of event or purchase

No checks will be issued without a receipt

Date _____

Amount _____

Write check payable to _____

Address (if mailing check) _____

Event/Description _____

Your name _____

Your email _____

Tape Receipt Here

**If you need more room
or have additional receipts
use the back
or attach a separate piece of paper.**

Approvals **Requires two signatures**

President Date

Membership VP Date

Treasurer Date

Check Number Date

Budgeted Item Yes/No

Approved by Association Date



Your Presence is Their Pride.

www.UniversityParkPTA.com