

# 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  
Invoices should be addressed to: University Park PTA  
No checks will be issued without completed check request form + receipt

Date \_\_\_\_\_

Amount \_\_\_\_\_

Write check payable to \_\_\_\_\_

Address (if mailing check) \_\_\_\_\_

Events/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.**

### **PTA Sign Offs Requires two signatures**

\_\_\_\_\_  
Committee Chair Date

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

\_\_\_\_\_  
Secretary Date

\_\_\_\_\_  
Check Number Date

\_\_\_\_\_  
Budget Category

\_\_\_\_\_  
Approved by Association Date



**Your Presence is Their Pride.**

[www.UniversityParkPTA.com](http://www.UniversityParkPTA.com)