



LHHS PTSA Payment Authorization Form

Name of Person Requesting Check _____ Date _____

PTA Position _____ Phone # _____

Grad Night Only

Grad Night Chairperson Approval Initials _____

Mark Box & Brief Description below:

Fencing Security Janitorial Permits _____

Administration/Office _____

Clean Up _____

Registration _____

Hospitality _____

Preview _____

Food _____

Construction _____

Prizes _____

Entertainment _____

Decorations _____

Event/Assignment:

**Any request for a check \$600 or more written to an individual (vs. business name) requires a W-9 since we are required to submit a 1099 to the IRS for that person.*

This is for services, prize or award, not reimbursement.

Date of Event _____ Amount Requested \$ _____

Date Approved in Minutes _____ Date Ratified _____

Invoice attached Receipt attached W-9 attached *

Write Check To:

Name of Person/Company _____

Address _____

_____ (____) _____

Approved By:

President's Signature
Secretary's or Financial Secretary's Signature

FOR PTA TREASURER USE:

- Membership-approved activity Funds released by membership
- Executive Board-approved expenditure

Budget Category	Budgeted Amount
Check Number	Amount

