

Canyon High School PTSA PAYMENT REQUEST / AUTHORIZATION FORM

Date: _____

Requested by: _____ Phone #: _____

Event or Other Description: _____

Please Make Check Payable to:

Name of Person / Company: _____

Address (if to be mailed): _____

City, State, Zip Code: _____

Itemization (Receipts or Invoice MUST be attached)

Amount

Total Amount Requested	

Operating Expenses:

- _____ Bank Service Charges
- _____ Hospitality
- _____ HSA Honorary Service Award/Banquet
- _____ Insurance
- _____ Legislation
- _____ Membership Expenses
- _____ OCC Meetings /Workshop /etc
- _____ Explain: _____
- _____ President Expenses
- _____ PTA Convention
- _____ Secretary Expenses
- _____ Special Courtesies /Install
- _____ Explain: _____
- _____ Tax Prep Fees
- _____ Treasurer's Expenses
- _____ Unit Expenses
- _____ Website

Staff Support:

- _____ Staff Luncheons & Recognition

Program Expenses:

- _____ Canyon Beautification
- _____ Curriculum Grant
- _____ PTA Scholarship Awards
- _____ Parent Education
- _____ Red Ribbon Week
- _____ Student Enrichment – PBIS
- _____ Student Enrichment – Every 15 Minutes
- _____ Reflections
- _____ Unallocated Reserves
- _____ Explain: _____

Dues:

- _____ Nat'l, State, Dist & Council

FOR TREASURER'S USE ONLY

Check Date: _____ Check #: _____ Check Amount: _____

Date Motion to Pay: _____ Date Approved/Ratified by Assoc: _____

President's Signature

Secretary's Signature