



930 Georgia Street, Los Angeles, CA 90015-1322 (213) 620-1100 \* FAX (213) 620-1411  
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**PAYMENT AUTHORIZATION FORM (WARRANT)**

Date \_\_\_\_\_

Name of person requesting check \_\_\_\_\_

PTA position \_\_\_\_\_

Event or assignment \_\_\_\_\_ Event Chairperson \_\_\_\_\_

Date of Event \_\_\_\_\_ Event Chair signature \_\_\_\_\_

Amount requested \$ \_\_\_\_\_ Date approved in minutes \_\_\_\_\_

Make check payable to:

Name of Person/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_ Invoice attached

\_\_\_\_ Mail check to address

\_\_\_\_ Receipt attached

\_\_\_\_ Hold check @ AHES

\_\_\_\_\_  
President's signature

\_\_\_\_\_  
Secretary's signature

DATE ON RECEIPT	TO WHOM (STORE)	AMOUNT	WHAT
Budget category / event			
			total for this category
Budget category / event			
			total for this category
			TOTAL AMOUNT REQUESTED