



**Check Request  
Payment Authorization Form  
Turtle Rock PTA**

Turtle Rock Elementary School PTA  
5151 Amalfi Dr, Irvine CA 92603 (949) 936-6250

*Treasurer's Use Only*

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

Date of  
Check \_\_\_\_\_

Budget line  
item \_\_\_\_\_

Your Name (please print) \_\_\_\_\_

Today's Date \_\_\_\_\_ Date check needed \_\_\_\_\_

Event /Description \_\_\_\_\_

**Amount Requested**        \$ \_\_\_\_\_

**Write Check Payable to:** \_\_\_\_\_

Address (if check is to be mailed) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

You **MUST** staple an invoice or receipt to this request form.  
Please place completed forms in the Treas. Mailbox in the front office.  
Checks are issued approximately every two weeks.

\_\_\_\_\_  
President's Approval

\_\_\_\_\_  
Recording Secretary's Approval