PTA/PTSA Name:	

ELECTRONIC FUNDS TRANSFER (EFT) PRE-APPROVAL FORM

Use this form prior to making any purchases or payments using electric funds.

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				ard		
All receipts for ele	ctronic funds must	be attached	to this form once	the transaction has been	completed.	
	С	OMPLETE A	LL INFORMATIO	N	- 10	
Date of Request:						
Name of Board Membe						
Position of Board Memb						
Address:						
	PURC	CHASE/PAY	MENT INFORMAT	TION		
NAME OF VENDOR/ RETAILER Record for Charge (c) (all receipts attached)				Charge to Approved Budget Line Item:	Amount	
Reason for Charge(s) (all receipts attached)				budget tille Rem.	\$	
Exact Amount of Payment/Debit/Charge					\$	
*Two Signatures Required		APPR	OVED BY:			
President/Treasurer Signature			Second Accor	Second Account Signer Signature		
Printed Name President/Treasurer Date		Printed Name	Printed Name Second Account Signer Date			
Treasurer Use Only	Trans ID		۸	mount \$		
					=-	
Monthly Statement/Appeared: Budget Updated:						