

PTA BASIC FISCAL MANAGEMENT PROCEDURES: Signature page

Fiscal year: 20__ to 20__

We have read, understand, and agree to abide by the Basic PTA Fiscal Management

Region		Council	
Local PTA/PTSA			
Position	Print Name	Signature	Date
President			
Treasurer			

ALL OTHER ELECTED PTA OFFICERS' SIGNATURES

Position	Print Name	Signature	Date
Membership Chair			
Fundraising Chair 1			
Fundraising Chair 2			

Each local PTA shall obtain the appropriate signatures on this form, make a copy of the form for all signers, and submit the signed page through givebacks by Oct 1