

REQUEST FOR ADVANCE FORM

Please attach all receipts to this expense statement

Organization Name _____

Name _____

Phone _____

Address _____

City/Zip _____

Funds being requested for _____

List estimateed costs: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Advance Requested \$ _____

I request the above advance for expenses of authorized _____ PTA business. Within two weeks of the completed assignment I agree to submit an expense statement along with the required receipts and to refund any unused portion of the advance or to claim money due to me, providing the total is not in excess of the approved amount.

Signature _____

Date _____

For Board Use Only

Membership-approved activity

Funds released by membership

Executive Board-approved expenditure

Budget Category

Budgeted Amount

Check Number

Amount

President/Treasurer Signature _____