**Request For Advance Form**

Organization Name

Name

Phone

Address

City/State/Zip

Funds being requested for

List estimated costs: $

 $

 $

 $

 Total advance requested $

I request the above advance for expenses of authorized [PTA Name] 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

O Membership-approved activity

O Executive Board-approved expenditure

O Funds released by membership

 Budget Category Budgeted Amount Check Number Amount

President/Treasurer Signature