

REQUEST FOR ADVANCE/PAYMENT AUTHORIZATION

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Funds being requested for: List estimated costs: \$ \$ \$ \$ TOTAL ADVANCE REQUESTED \$ TOTAL ADVANCE RE	Name		Telephone (_)	
Funds being requested for:	Address				
List estimated costs: \$	City/Zip		· · · · · · · · · · · · · · · · · · ·		
List estimated costs: \$					
TOTAL ADVANCE REQUESTED \$ request the above advance for expenses of authorized PTA business. Within 45 lays of Request for Advance, 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	Funds being requested	l for:			_
TOTAL ADVANCE REQUESTED \$	List estimated costs:		\$	_	
TOTAL ADVANCE REQUESTED \$			\$	_	
request the above advance for expenses of authorized			\$	_	
request the above advance for expenses of authorized			\$	_	
President's signature: Date		TOTAL ADVANCE REQ	UESTED \$	_	
For PTA treasurer use: Membership-approved activity	days of Request for Advance, I agre	ee to submit an expense stat	ement along with the requi	red receipts and to refu	nd any
Membership-approved activity	Signature		Date		
Executive Board-approved expenditure Budget Category Budgeted Amount Check Number Amount President's signature: Date:	For PTA treasurer use:				
Budget Category Budgeted Amount Check Number Amount President's signature: Date:	☐ Membership-approved acti	vity 🗖 Funds re	eleased by membership		
President's signature: Date:		•			
	Budget Category	Budgeted Amount	Check Number	Amount	
	President's signature:			Date:	