EMO PTO

CASH ADVANCE or REIMBURSEMENT FORM

SECTION 1: REQUESTOR INFORMATION

Requestor Name: _____ **Date Requested:** _____

Phone / Email: _____ **Date Needed by:** _____

SECTION 2: PURPOSE OF ADVANCE

Event : _____

Event Date(s): _____

SECTION 3: ESTIMATED EXPENSES

#	Description / Purpose of Expense	Amount	Receipts Attached?
1.		$	Yes / No
2.		$	Yes / No
3.		$	Yes / No
4.		$	Yes / No
5.		$	Yes / No
	TOTAL ADVANCE REQUESTED:	$	

** Itemized receipts must be submitted within 7 days of the event. Unused funds must be returned to the Treasurer.*

Additional items/receipts can be written on the back of this form.

SECTION 4: AUTHORIZATION

Requestor Signature: _____ **Date:** _____

Treasurer Signature: _____ **Date:** _____

FOR TREASURER USE ONLY

Amount Approved: _____ **Check #:** _____

Date Disbursed: _____ **Amount Returned:** _____