

REQUEST FOR ADVANCE/PAYMENT AUTHORIZATION PTA/PTSA

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____ Phone _____

Address _____

City _____ Zip _____

Funds requested for: _____

List estimated 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 original 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.

Name of Requestor: _____

Print Name

Signature _____ **Date:** _____

FOR PTA TREASURER USE:

<input type="checkbox"/> Membership-approved activity	<input type="checkbox"/> Funds released by membership	<input type="checkbox"/> Executive Board-approved expenditure
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President's signature: _____ **Date:** _____

Treasurer's Signature: _____ **Date:** _____

Attach to Disbursement form