

_____ PTA

REQUEST FOR ADVANCE/PAYMENT AUTHORIZATION

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____ Telephone (____) _____

Address _____

City/Zip _____

Funds being requested for: _____

List estimated costs: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ADVANCE REQUESTED \$ _____

I request the above advance for expenses of authorized _____ PTA business. Within **45 days** 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 _____

FOR PTA TREASURER USE:

Membership-approved activity Funds released by membership

Executive Board-approved expenditure

Budget Category	Budgeted Amount	Check Number	Amount

President's signature: _____ Date: _____

Date approved in minutes: _____ Secretary's signature: _____

Revised July 2022