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REQUEST FOR ADVANCE/PAYMENT AUTHORIZATION

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name of PTA _____ 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 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 PTA TREASURER USE:

- Membership-approved activity
- Executive Board-approved expenditure
- Funds released by membership

Budget Category	Budgeted Amount	Check Number	Amount

President's signature: _____ Date: _____

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