

REQUEST FOR AN ADVANCE FORM

Date: _____ Activity: _____

Check Payable to: _____ E mail: _____

Address: _____ Telephone No: _____

Approved Budget Amount: _____

Previous Advance Amount: _____ (Budget Balance Available \$ _____)

Requested Advance Amount: _____ (Attach List of Estimated Expenditures)

Available Budget Amount: _____

I request the above advance for expenses authorized by the Board and funds released by the Association for the approved PTA activity. Within 2 weeks of the completed activity, I agree to submit an Advance Clearance Form with all required original receipts and to refund the unused portion of the advance or to claim, on a Payment Authorization form, monies paid by me in excess of the advance amount but within the approved budget.

Printed Name: _____ Position: _____

Signature: _____ Date: _____

Chairperson Approval (If different than Requestor): _____

Name

Signature

=====

President/Recording Secretary Use Only:

_____ Membership-Approved Activity _____ Funds Released by Membership

_____ List of Estimated Expenditure attached

President's Signature

Date

Recording Secretary's Signature

Date

=====

Treasurer Use Only:

Advance Check #: _____ Check Date: _____ Check Amt.: _____

Note: Advances will not be authorized for expenditures which are invoiced by a vendor and can be paid directly to the vendor via a check issued by the PTA.