



PTA Request for Advance Payment

This is a request for the advance of monies to be used for authorized PTA business.

Total Advance Requested: _____

Make Check Payable To:

Name: _____

Address: _____

Funds Requested For (SAVE all receipts):

Requestor's Signature: _____

Within one month 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.

President's Signature: _____

Payment Information:

Check #: _____

Date: _____

Treasurer Signature: _____

****ATTACH ALL RECEIPTS!**