

Please attach all related proposals and estimates.

READ FIRST

Within two weeks of activity completion OR four weeks following receipt of funds, whichever occurs first, submit a Request for Reimbursement / Invoice Payment form and return any unused funds.

Make check payable to (person name): _____

NOTE: Payment Advances are payable to authorized PTA members only.

Address: _____
Street City State Zip

Telephone: _____ Email: _____

Which budget will these funds be taken from? _____ Target Completion Date: _____

List Estimated Costs (or summarize on single line if too many items)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL ADVANCE REQUESTED	\$ _____

I request the above advance for expenses of authorized PTA business. Within two weeks of the completed assignment OR four weeks following receipt of funds, whichever occurs first, I agree to submit a **Request for Reimbursement / Invoice Payment** with required receipts and refund any unused portion of the advance. I understand I may claim money due to me if the total expenditure of the activity is not in excess of the approved budgeted amount.

Submitter's name: _____ PTA Position: _____

Submitter's signature: _____ Date: _____

For PTA Treasurer Use:

Check Date	Check Number	Budget Item Name	Available Budget	Amount Paid	Remaining Budget

President's signature: _____ Date: _____

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