

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 Advance payable to authorized PTA members only.

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Funds will be used for: \_\_\_\_\_ Target Completion Date: \_\_\_\_\_

| List Estimated Costs (or summarize on single line if too many items) | Amount                                                               |
|----------------------------------------------------------------------|----------------------------------------------------------------------|
| _____                                                                | \$ _____                                                             |
| _____                                                                | \$ _____                                                             |
| _____                                                                | \$ _____                                                             |
| _____                                                                | \$ _____                                                             |
| <b>TOTAL ADVANCE REQUESTED</b>                                       | \$ <span style="border: 2px solid black; padding: 2px;">_____</span> |

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: \_\_\_\_\_