

**WESTMONT HIGH SCHOOL PTSA
REQUEST FOR ADVANCE**

PLEASE LEGIBLY *PRINT* ALL INFORMATION REQUIRED

YOUR NAME: _____
YOUR PHYSICAL HOME ADDRESS _____
YOUR CONTACT PHONE NUMBER _____
YOUR EMAIL ADDRESS _____

FUNDS BEING REQUEST FOR _____

LIST ESTIMATED COSTS	\$ AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL ADVANCE REQUESTED _____

ATTACH **ORIGINAL** ESTIMATES OR QUOTES TO THIS FORM. I request the above advance for expenses of authorized _____ PTSA 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 OF REQUESTOR _____
DATE _____

For PTSA Treasurer use:

Membership –approved activity _____
Executive Board – approved expenditure _____
Funds released by membership _____
Budget Category _____
Budgeted Amount _____
Check Number _____
Amount _____
President Signature _____ Date _____