

Westmont High School PTSA

Request for Advance Payment Authorization

Please legibly PRINT all information required

Name _____

Mailing Address _____

City/Zip _____

Telephone (_____) _____ E-mail _____

Make Check Payable To: _____

For Grad Night

For Mini Grant

What Group, Individual, Activity, or Event was this purchased for: _____

TOTAL ADVANCE REQUESTED \$ _____

I request the above advance for expenses of authorized Westmont High School 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.

Requester signature _____ Date _____

FOR PTA TREASURER USE:

Membership-approved activity

Funds released by membership

Executive Board-approved expenditure

Check Number	Budget Item	Budgeted Amount	Amount

President's signature: _____ Date: _____

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

Refund to PTSA \$ _____ Ck# _____ Date Refunded To PTSA _____

Auditor initial: _____ Date: _____