



Phelps Luck Elementary  
**PTA**<sup>®</sup>  
*everychild.onevoice.*<sup>®</sup>

## ADVANCE/PAYMENT AUTHORIZATION FORM

Complete form for payment of authorized PTA expenses in advance. Attach all receipts and this expense statement to a "Disbursement/Reimbursement Form." Questions? treasurer@phelpsluckpta.org

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Funds requested for:

List estimated costs:

**TOTAL ADVANCE REQUESTED \$** \_\_\_\_\_

I request the above advance for expenses of authorized PTA business. Within two weeks of the completed assignment, I agree to submit the required final 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.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Treasurer's Use Only\*\***

- Membership-approved activity |  Funds released by membership |  Executive Board-approved expenditure
- Final Receipts Received, Date: \_\_\_\_\_  Data Entered

President/VP1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Attach to Disbursement/Reimbursement Form)**