

Gayhead Elementary School PTA Cash Advance Request

Committee: _____

Reason for Advance: _____

Proposal (Detailed list of projected Expenses)	\$ Amount
Total: \$	

Requested by: _____ Phone #: _____

Requestor Signature: _____ Date: _____

Pay to: _____

Address: _____

Note: A cash advance cannot be issued earlier than **7 days** prior to the event. All receipts, completed documentation (i.e. Expense Voucher), and any left over funds must be turned into the PTA Treasurer within **5 days** of the event.

Approvals:

- For advances under \$100:

Approved by: _____
PTA President Date

- For advances between \$101 and \$300, a second approval is required:

Approved by: _____
PTA President-Elect or VP Date

- **Any advances over \$300 will require Executive Board approval**

***** Please do not write below this line *****

Check #: _____ Expense Voucher: _____
 Date Received

Money Returned? Yes / No Amount: \$ _____ Re-deposited: _____

Additional Funds Req'd? Yes / No Amount: \$ _____ Check #: _____