

ADVANCE FORM

DATE: _____

NAME:				PHONE # (H)	
ADDRESS:				PHONE # ©	
CITY:		ZIP:		EVENT DATE	
E-MAIL:				DUE DATE	

BOARD POSITION:

DATE	ACCT. No.	DESCRIPTION	AMT. REQUESTED
			\$
			\$
			\$
			\$
			\$
TOTAL REQUESTED			\$

CERTIFICATION:

I, _____, REQUEST THE ABOVE ADVANCE FOR EXPENSES EXPECTED TO BE INCURRED WHILE ON AUTHORIZED GUNPOWDER ELEMENTARY PTA BUSINESS. WITHIN TEN (10) DAYS OF THE COMPLETED ASSIGNMENT, I AGREE TO SUBMIT THE EXPENSE REIMBURSEMENT REQUEST FORM, ALONG WITH ORIGINAL RECEIPTS AND TO REFUND ANY UNUSED PORTION OF THE ADVANCE, OR TO CLAIM ANY ADDITIONAL MONEY DUE. FURTHER, I UNDERSTAND THAT AFTER TEN (10) DAYS, I MUST RETURN THE ENTIRE AMOUNT ADVANCED.

CHAIR APPROVAL:	DATE
PRESIDENT APPROVAL:	DATE