

Glenmont Elementary PTA
Cash Advance Form

DATE: _____

PAY TO THE ORDER OF: _____

AMOUNT: \$ _____

COMMITTEE NAME: _____

REASON FOR ADVANCE: _____

The named individual whose signature appears below is personally liable for this advance until appropriate receipts are forwarded to the PTA Treasurer. Supporting documentation is required within ten (10) days.

All advances must have the approval from the PTA President and Treasurer.

Print Name

Signature (I accept terms of Advance)

Approved by (Initial here): _____
President Treasurer

Office Use Only:

Check # _____ Budget Category: _____

Amount Advanced: _____ Date: _____

Amount Returned: _____ Date: _____

Receipt Totals: _____ Total # of Receipts: _____

Variance: _____

Explanation: _____
