



PLEASANTON PTA COUNCIL REQUEST FOR ADVANCE FORM

Payee: _____

Phone: _____

Address: _____

City: _____

Zip: _____

DISTRIBUTION INSTRUCTIONS:

PLEASE MAIL CHECK

I WILL PICK UP; PLEASE CALL WHEN READY

Funds being requested for: _____

List estimated costs:

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
<u>Total Advance Requested</u>	\$

I request the above advance for expenses of authorized Pleasanton PTA Council 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.

Payee's Signature

Date

FOR TREASURER ONLY

President's Signature

Date

Date Approved in Minutes: _____

Date Paid: _____

Check # _____

Bring completed request to Council meeting or, if necessary,
mail your request to Council Treasurer, Laurie Walker-Whiteland
3627 Chelsea Ct., Pleasanton 94588