

Bells Mill Elementary School PTA
Cash Advance Form

Date of Request: _____

Name: _____

Phone: _____

Address: _____

Email: _____

Committee/Event: _____

DESCRIPTION	AMOUNT REQUESTED

Total Amount Requested: \$ _____

Certification: I, _____, request the above advance for expenses expected to be incurred while on authorized Bells Mill PTA Business or to serve as change for events where cash will be collected. Within thirty (30) days of the completed assignment, I agree to submit the Expense Reimbursement Form, along with original receipts and to refund any unused portion of the advance. If this cash is to serve only as change for events, I agree to refund the total amount requested. Further, I understand that after thirty (30) days, I must return the entire amount advanced.

Signature: _____

Date: _____

Treasurer's Use Only

Paid by Check No: _____

Date: _____

Account: _____

For Cash Box Advance: Amount Returned: _____ Date: _____
--