



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: _____

<u>List estimated costs:</u>	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<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, Winnie Overgaard
3576 Pimlico Drive, Pleasanton 94588