



BONITA CANYON PTA

1 Sundance Dr, Irvine, California 92603 Phone: (949) 936-5450

REQUEST FOR CASH ADVANCE FORM

Date Paid

Check No.

The following funds are being requested for the benefit and/or use of Bonita Canyon PTA.

Event: _____

Date: _____

Name: _____

Phone: _____

Funds Being Requested for: _____

List Estimated Costs: _____ \$ _____

_____ \$ _____

Total Advance Requested \$ _____

Make Advance Check Payable To:

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Budget Department/Category: _____

I request the above advance for expenses of authorized Bonita Canyon PTA 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.

Chair/Board Member Signature: _____

PTA Approval

Secretary's Approval: _____

Date: _____

President's Approval: _____

Date: _____