

Advance Request Form
BRES PTA
332 W Edmonston Dr
Rockville, MD 20850

Requester's Name: _____
Requester's Address: _____

Requester's Phone Number: _____
Requester's Email Address: _____
Reason for Advance: _____

Amount Requested: _____
Date Advance is Needed: _____
Assignment Completion Date: _____

Certification (to be signed by the Requester)

I, _____, request that the above advance for expenses expected to be incurred while on authorized College Gardens Elementary School PTA business. Within thirty (30) days of the completed assignment, I agree to submit the expense reimbursement form along with original receipts, to refund any unused portion of the advance, or to claim any additional money due. Further, I understand that after thirty (30) days, I must return the entire amount advanced.

Signature of the Requestor Date: _____

Signature of the Approver Date: _____

Date of Advance: _____
Check Number: _____
Amount: _____