

REQUEST FOR CASH ADVANCE FORM – Cab Calloway School of the Arts PTSO

The following funds are being requested for the benefit and/or use of Cab Calloway PTSO.

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 Cab Calloway PTSO 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.**

Board Member Signature: _____

PTSO Approval

Treasurer's Approval: _____ Date: _____

President's Approval: _____ Date: _____