

Chinese School of San Marino PTA

Fund Advancement and Reimbursement Form

Please Indicate:

- Request for Payment of Funds
 Request for Reimbursement of Funds

Date of Request: _____ Name: _____

Funding for: _____

Please complete the following for Reimbursement or Statement of Purchases:

Support expense: (Receipts required, please attach)

1. Items purchased: _____
Purchased from: _____ Amount Paid: \$ _____
2. Items purchased: _____
Purchased from: _____ Amount Paid: \$ _____
3. Items purchased: _____
Purchased from: _____ Amount Paid: \$ _____
4. Items purchased: _____
Purchased from: _____ Amount Paid: \$ _____

Please Complete the Applicable Section(s):

Amount Spent/Billed: \$ _____
Amount of PTA Advance: \$ _____
Amount PTA is Owing: \$ _____
Any Amount **Remaining** from Advancement & Due PTA: \$ _____

Please Complete Below for Funding Requests:

Please issue checks to the following:

Name: _____	Total Amount Requested: \$ _____
Name: _____	Total Amount Requested: \$ _____
Name: _____	Total Amount Requested: \$ _____
Name: _____	Total Amount Requested: \$ _____

Ck#: _____	Ck Amt: _____ -	Ck Date: _____	Ck#: _____	Ck Amt: _____ -	Ck Date: _____
Ck#: _____	Ck Amt: _____ -	Ck Date: _____	Ck#: _____	Ck Amt: _____ -	Ck Date: _____

Approval: _____

Approval: _____