

*L. C. Bird High School*  
*Parent Teacher Student Association*

**FUNDS ADVANCEMENT REQUEST**

**DATE:** \_\_\_\_\_

**BUDGET CATEGORY:** \_\_\_\_\_

**AMOUNT OF ADVANCE:** \$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Receipts and "Return of Remaining Advance" (if applicable) must be submitted to Treasurer within 2 weeks of receipt of advance. If expenses exceeded advance, submit receipts and Expense Form for reimbursement of remaining expenses.

**SIGNATURE:** \_\_\_\_\_

**APPROVAL** \_\_\_\_\_

**FOR TREASURER'S USE:**

**DATE PAID:** \_\_\_\_\_

**CHECK NUMBER:** \_\_\_\_\_