

# RC Longan Elementary School PTA

## Request For Advance/ Reimbursement

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (Individual to be reimbursed)

**Total Amount of Advance Requested:** \_\_\_\_\_

**Amount of Expense:** \_\_\_\_\_

**Amount of Reimbursement/Returned Funds:** \_\_\_\_\_

**(Receipts MUST accompany all requests for reimbursement -  
 attach all receipts to this request form)**

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
 (ex: school event, supplies, class event, merchandise, etc...include as much detail as possible event date, Teacher name, event name etc.)

To be reimbursed for **multiple** items at one **time**, please itemize each expense below:

DATE	AMOUNT	REASON
TOTAL		

Authorized by: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name/Title

Date Received: \_\_\_\_\_ Check#: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_