Budget Category:		Date of Request:
Reason for Request:		
Cash amount requested: \$		
Approval of Event Chairperson (for st	art-up cash)	
Approval of President, VP, or Secreta	ry (for other cas	h requests)
Do you need the Cash Box? YES	NO	
Specify Denominations:		
1 cent (50 cent increments)		Is this request for a check? YES NO
5 cents (\$2 increments)		Please print name:
10 cents (\$5 increments)		·
25 cents (\$10 increments)		Phone:
\$1 bills		An expense sheet and receipts verifying
\$5 bills		expenses must be completed and submitted to the Treasurer within one week of the check Advance.
\$10 bills		
\$20 bills		
PTA Check #:Cash and cash box must be returned to	 o the Treasurer im advance.	Date Issued: mediately following the event to close out this
Name of Requestor:		Phone:
Funds Received by:		Date: