

**PTA Council of Frederick County
CASH ADVANCE/REIMBURSEMENT/PAYMENT FORM**

Name of Requestor _____ Date _____

Signature of Requestor _____ Board Position _____

Check Payable To _____

Payee Address _____

Check one:

Cash Advance: Amount \$ _____ Reimbursement/Payment: Amount \$ _____

(Itemized receipts must accompany all reimbursement/payment requests)

Operating Expenses:	Description	Amount
300 Administrative Expense	_____	_____
305 Council Telephone/Fax	_____	_____
315 Hospitality	_____	_____
325 Postage	_____	_____
330 President's Mileage/Parking/Tolls	_____	_____
335 Web Site	_____	_____
PTA Objectives:	_____	_____
400 Awards & Recognition	_____	_____
405 PTA Unit Awards	_____	_____
410 Life Membership Banquet	_____	_____
415 Reflections	_____	_____
420 Special Events/Acknowledgements	_____	_____
430 Conferences & Conventions	_____	_____
431 Training	_____	_____
432 Handbook/Directory	_____	_____
433 Local Unit Outreach	_____	_____
434 Advocacy	_____	_____
435 Publications/Subscriptions	_____	_____
440 Family Involvement	_____	_____
450 Debbie Bostian Grant	_____	_____
Other:	_____	_____

Approved by _____	Date _____
<i>signature</i>	
Check Number _____	Date _____
Treasurer _____	
<i>signature</i>	