

**ADVANCE MONEY REQUEST FORM  
Cloverly Elementary PTA**

**Date:** \_\_\_\_\_

**Event:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Line Item:** \_\_\_\_\_

**Advance money requested: \$** \_\_\_\_\_

**Date of money return:** \_\_\_\_\_

**Signature of person receiving money:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Authorization:** \_\_\_\_\_

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**Paid with Check No:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**MONEY RETURN**

**Date:** \_\_\_\_\_

**Money received back: \$** \_\_\_\_\_

**Received from:** \_\_\_\_\_

**Treasurer Verification:** \_\_\_\_\_