



Discovery Elementary School PTO

Volunteer Advance Funds/Invoice Payment Form

(Please submit at least 2 weeks before for approval)

Date: _____ Event/Program: _____

Advance Funds: (attach support for amount, if possible):

Reason for Advance: _____

Date Needed: _____ Amount: _____

Check Payable to: _____

Invoice Payment: (attach original invoice):

Reason for Invoice: _____

Name of Payee/Vendor: _____

Address of Payee/Vendor: _____

Amount: \$ _____

APPROVAL OF PRINCIPAL:			
APPROVAL OF PTO PRESIDENT:			
TREASURER USE:	Check #	Amount: \$	Date Paid: