

CASH ADVANCE REQUEST

Club Name: _____

Date of Request: ____/____/____

Amount Requested: \$_____

Person Authorized to Receive Advance: _____

Club Treasurer Signature

Date

Date Cash Received: ____/____/____

Purpose of Expense: _____

COMPLETE AFTER PURCHASES HAVE BEEN MADE

Itemized Expense	Amount	Itemized Expense	Amount
TOTAL EXPENSES		\$	_____
(-) CASH ADVANCE		\$	_____
BALANCE		\$	_____

*If there is cash remaining, it should be returned with this report.

*Attach receipts to this form.

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For Seminole County 4-H Association Use Only:

Date Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received By: \_\_\_\_\_

Amount Received: \$\_\_\_\_\_ Category: \_\_\_\_\_