## WCHSBPA CASH ADVANCE FORM

(Fundraisers, Donations) This form is required when submitting all monies to the treasurer.

## **Cash Advance / Expense Request**

Requestor:			Date:		
Phone #:		_ Activity:			
Request Type:	Advance		Expense		
Purpose of Advar	nce:				
	uestor:				
	President		Secretary		
Date:					
**************************************		****	*****	****	
Cash Che	eck #	Budget Categ	ory:		
Amount Advance	d:		Date:		
Amount Returned:			Date:		
Receipt Totals:			Total # of Receipts:		
Total Paid out: T		otal Donations:			
Attach receipts a	nd list expenses – Re	turn to Treasurer v	vithin 7 days of issuance.		
Brief Description	n (i.e. food, drink) o	r store name	Amount Used	Balance	
1				1	

## Attach receipts and list expenses – Return to Treasurer within 7 days of issuance.

Brief Description (i.e. food, drink) or store name	Amount Used	Balance