



Cash Advance Request

(**Note:** Cash requests greater than \$500 require additional approval by a Deacon and Treasurer)

Requested by _____

Amount Requested _____

Address to Send Check _____

Email Address _____

Today's Date _____

Date cash advance is needed _____ (Please allow 2 weeks for approvals and processing.)

Purpose _____

Requestor MUST submit a reimbursement form and receipt(s) within sixty (60) days of cash receipt.

Office Use Only:

Approved by Committee Chair _____ Date _____

Approved by Deacon (if applicable) _____ Date _____

Approved by Treasurer (if applicable) _____ Date _____

Note: Office Staff to attach approvals.