

**REQUEST FOR CASH ADVANCE
COLLEGE COMMUNITY SERVICES, INC.**

ORGANIZATION: _____

ACCOUNT NUMBER: _____

PERSON REQUESTING ADVANCE: _____

AMOUNT OF CASH ADVANCE REQUESTED: _____

PURPOSE OF CASH ADVANCE: _____

DATE OF ACTIVITY/FUNCTION: _____

TREASURER SIGNATURE: _____

ADVISOR SIGNATURE: _____

DATE: _____

INSTRUCTIONS

1. Complete and attached this form to your completed Request for Payment.
2. RECEIPTS and/or CASH **MUST** be returned to CCSI along with a Cash Advance Reconciliation form within 5 business days after the travel or program has commenced.