



ASSOCIATED STUDENTS (AS) CASH ADVANCE REQUEST

RECEIPTS MUST BE SUBMITTED WITHIN 2 WEEKS OF EVENT

Date Needed By _____

ID# _____

Amount _____

Payable to _____
Address _____

Please Select One of Below

- Hold for pickup
- Mail to address on file
- Direct Deposit (sign up via GaelExpress)

Reason for Issuing/Event Date and Description

Submit form to AS Vice President of Finance

Department: **Associated Students**

Requested by _____

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 Amount _____

Date _____

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 Amount _____

Organization President/Treasurer Signature _____ (Other than recipient) Date _____

SIL Staff Signature _____ (Required if over \$100) Date _____

I _____ understand the responsibilities of accepting a cash advance and agree to account for and submit all receipts and unused funds from said advance, to be returned to the Vice President of Finance. **I understand if that if I do not return unused funds and/or receipts within two weeks after the event date, my student account will be charged for the full amount of the advance.**

Email Address

Contact Phone

Organization

Date of the Event

Cash Advance Recipient Signature

AS Vice President for Finance Signature

Date Signed

Date Signed