

# Cash Advance Requisition

Cash Advances must be \$250 or less

Department

Date

Description

Account Number

Total

TOTAL CASH RECEIVED

By signing, I am accepting responsibility for reimbursement of money received if receipts are not returned to the cashier **within 48 hours**.

Initials

Date

\_\_\_\_\_  
Budget Check

Date

Cash Received

Cash Returned

\_\_\_\_\_  
Finance Approval

Date

Total Receipts

TOTAL EXPENDED

BUDGET MANAGER

\_\_\_\_\_

DATE

AREA ADMINISTRATOR

\_\_\_\_\_

DATE

EXEC. DIR/ FINANCE

\_\_\_\_\_

DATE