

ORANGE COUNTY 4-H ASSOCIATION



CASH ADVANCE REQUEST FORM

Date of Request: _____ Amount Requested: \$ _____

Person(s) Authorized to Receive Advance: _____

Club Name: _____ Date Cash Received: _____

COMPLETE AFTER PURCHASES HAVE BEEN MADE

Purpose of expense: _____

ITEMIZED EXPENSES	AMOUNT	ITEMIZED EXPENSES	AMOUNT
TOTAL EXPENSES		\$	
CASH ADVANCE		\$	
BALANCE		\$	

Club Treasurer Signature

Date

Club Organizational Leader Signature

Date

-For Office Use Only-

Date Received: _____

Agent Signature _____

Account Number: 5005 Affiliate Expenses

Class: _____

CED Signature _____

If there is cash remaining it should be returned with this report. Attach receipts to form.