



Office of Cooperative Activities
C-214 University Union
724.738.2103

CASH ADVANCE REQUEST

Organization: _____

Pay to: _____

Destination: _____

Dates needed From: _____ To: _____

What meals will be provided (attach conference materials upon submission):

Amount approved for this expenditure from your budget: _____

TOTAL FUNDS REQUESTED: _____

Breakfast: _____ Lunch: _____ Dinner: _____

Entertainer Meals: _____ Tolls: _____ Parking: _____

Parking: _____ Other (be SPECIFIC): _____

AFFIDAVIT

I understand that, if approved, the funds advanced to me must be accounted for through receipts or return of cash not needed for the trip, and that I am solely responsible for the repayment of this advance in a satisfactory manner.

I further understand that any falsification of receipts or signatures, or failure to turn in receipts and/or unused cash will jeopardize any further funding for my account. I understand that I, solely, will be responsible to the Board of Cooperative Activities and Slippery Rock Student Government Association, Inc. for any funds advanced to me which I do not return or cannot properly account for with bona fide receipts.

I further understand that all detail and receipts will be returned no later than five (5) days from end of return date or funding for my organization will be suspended.

Submitter (Print) Date

Submitter (Sign)

Advisor(Print) Date

Advisor (Sign)

Office Use Only Approved: (Circle One) Yes No Initials: _____