

CRSCNA – ADVANCE FUNDS REQUEST

Please use ink and print legibly. Retain 1 copy; forward 1 copy to CRSCNA Secretary with your Proposal.

I request that a check be drawn to pay for the budgeted and/or proposed and approved materials, equipment, services or other expenses listed below which can not be purchased by other methods:

<u>Items:</u>	<u>Amount</u>
_____	_____
_____	_____

(If more space is needed, continue list on reverse but enter final total here) → **TOTAL** _____

Is this an approved Budget expenditure? Yes No If “Yes,” Budget Group and Item

Detail / Line Name: _____

Print name, address and telephone number of the person this check should be made payable to: _____

Mail? _____ Give to Requester for hand delivery? _____	Telephone _____
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I acknowledge and accept the following terms:

- (1) I accept full responsibility for the custody of these funds;
- (2) Funds may not be used for any purposes other than those requested above;
- (3) This purchase is subject to all CRSCNA purchasing policies and procedures, including conflict of interest, competitive bids or comparative price quotes;
- (4) **Following these expenditures, a completed CRSCNA Expenditure Voucher - with a copy of this Advance Funds Request and detailed, formal receipts from the vendor/s - must be submitted along with any unspent funds.**

Date I expect to be able to make a final settlement with receipts: _____

Requester’s Printed Full Name _____ Signature _____ Date _____

<u>CRSCNA SECRETARY’S USE ONLY</u>
CRSCNA vote/action and date: _____

<u>TREASURER’S USE ONLY</u>	Check # _____	Dated _____	Posted _____
<u>Reconciliation / Return of Advance:</u>			
Expenditure Voucher Received: ____ Date: _____			
“Paid” Receipts Attached: ____ Amount: \$ _____			
Unexpended Funds Returned: ____ Amount: \$ _____			
TOTAL: \$ _____			