## ADDENDUM D: Advanced Funds Request Treasurer

CRCNA - ADVANCE FUNDS REQUEST

Please use ink and print legibly - 2 copies. <u>Subcommittee</u>- Retain 1 copy; forward 1 copy to CRCNA Treasurer.

Items:	TOTAL: \$	
ame, address and telephone number The person to whom this check could be made payable		
	Telephone	_
********	***********	*****
	res, including those related to competitive bids or comp	
n, a completed <u>CRCNA Purchasing Inforst</u> st be submitted along with any funds rem	CNA Expenditure Voucher form with a copy of this Administration sheet and a detailed receipt from the vendor, signining or not paid out.	vance Funds Request
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