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:

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<tr>
<th>Items:</th>
<th>Amount</th>
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<td>(If more space is needed, continue list on reverse but enter final total here) → TOTAL</td>
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</tbody>
</table>

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; and
(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 __________________________

CRSCNA SECRETARY’S USE ONLY
CRSCNA vote/action and date: __________________________

TREASURER’S USE ONLY
Check #______ Dated ________ Posted ________
Reconciliation / Return of Advance:

Expenditure Voucher Received: ___ Date: __________

“Paid” Receipts Attached: ___ Amount: $__________

Unexpended Funds Returned: ___ Amount: $__________

TOTAL: $__________

AMS (Rev. 5/23/10)