

Cash Advance Request

Payable via Check. Minimum Amount is \$100.00



Basketball for Life!

PO Box 711381
San Diego, CA 92171

Requestor's Name:	Date Submitted:
Address:	City/ST/Zip:
Phone:	

Event/Destination:

Reason for Advance/Purpose of Travel:

Event Date:	Departure Date:	Return Date:
Advance Amount:	Date Advance Needed:	

Check only one for distribution:

- Hold for pickup and call number above
- Send via U.S. Mail to above address

I am requesting an advance and understand that I must return all unused funds and a completed Travel Expense or Expense Reimbursement Request Form to the Treasurer within 15 days of my completed travel/event. I understand that this advance will be deducted first from any reimbursement proceeds that may be due to me from the SWBA. I understand that I man not obtain another advace until this advance has been cleared.

Requestor's Signature: _____ Date: _____

Approved by (including Title): _____ Date: _____

TREASURER'S USE ONLY:				
CHECK DATE:	CHECK #:	AMOUNT:	ACCT # CHARGED:	SIGNATURE: