FOR COMMUNITY AND RESIDENCE LIFE OFFICE USE ONLY

Approved by (signature): _____

Check/Cash Picked up by: _____

Check Number: _____

Date: _____

Processed By: _____

Date: _____

Request for Funds

Name: _____

Organization: _____

Advisor (print name): _____

Advisor Signature: _____

Event/Activity/Program Title: _____

Date Submitted: _____ Date funds are needed: _____

Total Amount Needed: _____

TYPE OF REQUEST

Please note that all requests for reimbursement or cash advances take a minimum of 7 days to process

_____ **Cash Advance** An itemized expense report (below) and receipts must be submitted within one week or the individual will be responsible for the amount of money disbursed

_____ **Reimbursement** A reimbursement will be issued in the form of a check payable to the requestor. A reimbursement will be paid only if an itemized expense report (below) and receipt/(s) are submitted with this form

Please use the space provided below to provide an itemized expense report

VENDOR	QUANTITY	DESCRIPTION OF ITEM	PRICE (EACH)	TOTAL
			Grand Total	

Signature _____ Date _____