



# Advanced Funds Form

## Event Information

Event Date: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Chairperson: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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## Financial Information

Date of Request: \_\_\_\_\_

Advanced Funds Amount: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

*If approval by email, must attach copy. Request funds at least 2 weeks in advance.  
Event Chairperson and Approval person may not be the same person.*

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Date Advanced Funds Issued: \_\_\_\_\_

Issued to: \_\_\_\_\_

Issued by: \_\_\_\_\_

*A copy of this form should be retained by the Issuer until the funds are returned.*

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Date Advanced Funds Returned: \_\_\_\_\_

Advanced Funds Amount Returned: \$ \_\_\_\_\_

Cash Sale Tickets Total: \$ \_\_\_\_\_

Returned by: \_\_\_\_\_

Returned to: \_\_\_\_\_