



Advanced Funds Form

Event Information

Event Date: _____

Name of Event: _____

Event Chairperson: _____

Phone #: _____

Email: _____

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.*

Date Advanced Funds Issued: _____

Issued to: _____

Issued by: _____

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

***** Event chair is responsible for depositing any unused funds or proceeds from the event into a Frost Bank unless prior arrangements have been made with the Office Manager or a BCMG Board member *****

Date Advanced Funds Returned or Deposited into Frost Bank: _____

Total Funds Returned or Deposited into Frost Bank (attach copy of deposit slip): \$ _____

Returned or Deposited by: _____

Returned to: _____