



**Connecticut Valley
Adventist
Church**

354 Foster Rd, South Windsor, CT 06074 Ph: (860) 644 - 6119
www.ConnecticutAdventist.org

**CASH ADVANCE
AUTHORIZATION
FORM**

I – APPLICANT INFORMATION

Name: _____
Last Name, First Name Middle Initial

Check Mail to Address: _____
Street

City State Zip Code

Phone: _____ **Email:** _____

II – DEPARTMENT & PURPOSE

Department: _____

Project / Reason for Cash Advance: _____

Activity Start Date: _____ **Activity End Date:** _____

III – AMOUNT & ACCOUNTING

Amount \$ _____ **Dept Charge Code:** _____

IV – ACKNOWLEDGMENT

I certify that I am responsible in obtaining and retaining all invoices for any purchases incurred for my department. I certify that I will settle accounts with the Treasurer within two weeks of the completion of the event.

Dept. Head Signature: _____ **Date:** _____

INSTRUCTIONS:

- Advances are only issued to Department Heads.
- When the project is completed, please attach all receipts to an Expense Reimbursement Report, and turn them to the treasurer within 2 weeks.
- Completed and Signed forms may be placed in the treasurer's folder by the copier, or scanned and emailed to treasurer@ConnecticutAdventist.org.

For Treasury Use Only

Date Received: _____ **Date Processed:** _____

Check #: _____ **Check Date:** _____ **Check Amount:** _____

Bank Bill Pay Service?: Yes No **Confirmation Code:** _____

Treasurer: _____