

Delta Sigma Theta Sorority, Inc.  
Fayetteville Alumnae Chapter

*Cash Advance Request Form*

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Requested by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Committee Name or Office: \_\_\_\_\_

Event Name and Date: \_\_\_\_\_

	<u>Name of Vendor</u>	<u>Type of Expenditure</u>	<u>Estimated Cost</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
		<b>Total</b>	_____

Requestor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Approved by:

President: \_\_\_\_\_ Date \_\_\_\_\_

Treasurer: \_\_\_\_\_ Date \_\_\_\_\_

Committee Chair: \_\_\_\_\_ Date \_\_\_\_\_

Check Number: \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount: \_\_\_\_\_

**Note:** At the conclusion of the event, please do the following to complete this process:

1. Complete a check voucher
2. Attached **all original** receipts.
3. Excess/or unused funds to be returned to Financial Secretary (check or money order).