ALBION COLLEGE

CASH ADVANCE FORM

ACCOUNT NUMBER

11000-13099

1. Casl	hier, Please Pay:	ceiving Cash Advance
	Person Re	ceiving Cash Advance
2. KC	Box: 3.Ve	endor Number:
4. Amo	ount:	
5. App	Director/Department Head/VP	6.Date:
7. Rea	ason for Advance and Date(s):	
Cashier=s Approval:(If \$ 50.00 or less)		
	ess Office Approval:er \$ 50.00)	
Receipt of Above is Hereby Acknowledged		
	My signature directly above also indicates n reconciled with a reimbursement report with that future reimbursements will be held shown	Signature of Cash Advance Recipient by understanding that this cash advance form must be a sin 5 days of returning from the travel or event. I understand ald this cash advance remain outstanding more that 5 days after the true of the travel or expectation of the same than the collection of the same true of the
Check	x #:	Date:
Distribution:	Original - Accounting Office	
	Copy - Return to Accounting Office with Expense Report Attached	
	Copy - Department Copy	rev 01/2012