

FRANKLIN COUNTY BOARD OF EDUCATION

CASH ADVANCE REQUEST FORM

The cash advance amount may not exceed \$1,000.00. Exceptions to this will be reviewed at the central office level.

Employee Name: _____

Department: _____

ADVANCE INFORMATION

Date of Travel (if applicable): _____

Destination: _____

Explain the purpose of the advance:

ESTIMATED EXPENDITURES:

Provide a detailed list of projected expenses:

Meals: _____	\$ _____	
Lodging: _____	\$ _____	
Transportation: _____	\$ _____	
Other Expenses: _____	\$ _____	
Total Advance Requested		\$ _____

MISCELLANEOUS (Use this space for any remarks or explanations of expenses.)

This Section to be Completed by Authorizing Official

Department Head: _____

Date: _____

Authorized Approver: _____

Date: _____

RECEIPT ACKNOWLEDGEMENT IN THE AMOUNT OF: \$ _____

Employee Signature

Date

Accounting Distribution: