

Families Stevenson

BOOSTER ASSOCIATION ★ R.L. STEVENSON ELEMENTARY

Cash Advance Form

DATE: _____

PAY TO THE ORDER OF: _____

AMOUNT: \$ _____

COMMITTEE NAME: _____

REASON FOR ADVANCE: _____

All advances must have the approval from the FFS President and Treasurer.

Print Name

Signature

Approved by (Initial here): _____

President Treasurer

Internal Use Only:

Check # _____ Budget Category: _____

Amount Advanced: _____ Date: _____

Amount Returned: _____ Date: _____

Receipt Totals: _____ Total # of Receipts: _____

Notes: _____
