



Office of Cooperative Activities  
C-214 University Union  
724.738.2103

### CASH ADVANCE REQUEST

Organization: \_\_\_\_\_

Pay to: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates needed From: \_\_\_\_\_ To: \_\_\_\_\_

What meals will be provided (attach conference materials upon submission):  
\_\_\_\_\_

Amount approved for this expenditure from your budget: \_\_\_\_\_

TOTAL FUNDS REQUESTED: \_\_\_\_\_

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Entertainer Meals: \_\_\_\_\_ Tolls: \_\_\_\_\_ Parking: \_\_\_\_\_

Parking: \_\_\_\_\_ Other (be SPECIFIC): \_\_\_\_\_

#### AFFIDAVIT

I understand that, if approved, the funds advanced to me must be accounted for through receipts or return of cash not needed for the trip, and that I am solely responsible for the repayment of this advance in a satisfactory manner.

I further understand that any falsification of receipts or signatures, or failure to turn in receipts and/or unused cash will jeopardize any further funding for my account. I understand that I, solely, will be responsible to the Board of Cooperative Activities and Slippery Rock Student Government Association, Inc. for any funds advanced to me which I do not return or cannot properly account for with bona fide receipts.

I further understand that all detail and receipts will be returned no later than five (5) days from end of return date or funding for my organization will be suspended.

\_\_\_\_\_  
Submitter (Print) Date

\_\_\_\_\_  
Submitter (Sign)

\_\_\_\_\_  
Advisor(Print) Date

\_\_\_\_\_  
Advisor (Sign)

Office Use Only Approved: (Circle One) Yes No Initials: \_\_\_\_\_