

**CLAYMONT CITY SCHOOLS
CASH ADVANCE RECORD
BASED ON ESTIMATED EXPENDITURES**

REQUEST FOR CASH ADVANCE MUST BE COMPLETED ONE WEEK PRIOR TO DATE OF CASH ADVANCE

SECTION I: REQUEST FOR CASH ADVANCE

RECEIPTENT'S NAME _____

AMOUNT REQUESTED \$ _____

FUND _____

PURPOSE _____

APPROVED BY _____

BY SIGNING BELOW, I ACKNOWLEDGE RECEIPT OF \$ _____ AND ACCEPT
PECUNIARY LIABILITY FOR THE FUNDS ADVANCED. I WILL RETURN CASH
AND/OR PROPER DOCUMENTATION FOR EXPENDITURES EQUAL TO THE AMOUNT
DISTRIBUTED BY THIS ADVANCE.

RECIPIENT SIGNATURE _____

SUPERINTENDENT

TREASURER

CODE

SECTION II: SETTLEMENT OF ADVANCE

I ACKNOWLEDGE SETTLEMENT OF THE CASH ADVANCE RECEIPTED ABOVE
AS FOLLOWS:

CASH RETURNED (RECEIPT # _____) \$ _____

TOTAL RECEIPTS \$ _____

TOTAL \$ _____

DATE

TREASURER