

Request for Cash Advance

In order to e-mail a copy of the filled form, please save it to your computer, and e-mail the saved copy.

Date Requested

Date Needed

Was this item budgeted for?

☐ Yes ☐ No

Payable to:

Mailing Address:

Team Name:

Amount:

Purpose/Event:

This cash advance is being issued under the following conditions:

*Payee agrees that advance will only be used for expenses related to Special Olympics events and athletes.

*Payee agrees to return receipts, along with the Advance Reconciliation Form, and any money not spent, within 30 days of the event for which it was issued.

*Payee will be held legally liable if the above conditions are not met.

Requested By:

3 Ways To submit this form

Mail: 9427 F Street, Omaha, NE 68127

Email: ahoffman@sone.org

Fax: (402) 331-5964 attn: Alisa

Approved - President/CEO