TENNESSEE WING FINANCE REQUEST
FOR ADVANCE FUNDS

Date _____

Squadron: _____ _____
Name Charter Number

Name of Activity: _ _____

Date Advance Funds Needed: _____

Dates of Activity: From _____To _____

Location of Activity: _____

Amount of Advance Funds Requested:_____

Amount Received: _____
Check Payable to: _____

Address: _____

City, ST Zip: _____

I have requested the amount indicated above for the sole purpose of payment to _____ for _____ _____

consumed or used by participants during the activity listed above. I understand and authorize that any unused or unverified amount of the advance will be repaid in full at the time of filing either in the form of a personal check or authorized draw back from the squadron account. I understand and agree to obtain and retain all receipts for all expenditures of cash. **I agree to file a CAP Statement of Expenses within ten (10) working days of the completed activity.**

Signature of Activity Director: _____

I certify that the above named individual must have an advance to fund the above mentioned activity. This individual has been counseled as to the requirements to repay any unused or unverified portion of the advance.

Signature of Squadron Commander: _____

If amount of request for advanced funds is $500.00 or greater, Squadron Finance Committee approval must be obtained.

Signature of Finance Committee Members: _____