CASH ADVANCE REQUEST

Name _____ Team _____

Address _____
_____

Tournament Name and Location _____

Check Request Date _____

Date when check is needed _____

Would you like the check mailed to you? ☐ Yes ☐ No

Note: You must give **14 days notice** if you would like the check mailed to you.

Estimated Expenses:

Gas $_____
Food $_____
Lodging $_____
Misc. (explain below) $_____

Total Amount Requested $_____

Misc.
Explanation_____
_____
_____

For Office Use Only

Request Approved By: _____

Date Paid _____ Check Number: _____