



# Brooklyn College Association Inc. Cash Advance Form

2900 Bedford Avenue • Brooklyn, NY 11210  
Effective Date: July 16, 2014

Organization	CD# (Office Use Only)	Date
--------------	-----------------------	------

Payee Name	SSN	Address	City	State	Zip Code	Telephone Number
------------	-----	---------	------	-------	----------	------------------

Account Number	Line Number	Date of Event
----------------	-------------	---------------

**Explanation:**

Amount:

We hereby certify that the above request is necessary for the operation of this organization and does not exceed the budgetary limitations. We agree to provide original receipts covering all expenditures paid from this advance and to promptly redeposit any unused funds.

**Signatures:**

We, the undersigned financial officer, certify that this disbursement is in accordance with the rules of our organization. This is an appropriate disbursement and has been properly authorized.

\_\_\_\_\_  
Club President's Signature

\_\_\_\_\_  
Club Treasurer's Signature

---

For office use only. Do not write below this line.

Line Verified for Funds By	Bills Total	Posted In Ledger By	Date
----------------------------	-------------	---------------------	------