

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: _____