

**YORK COLLEGE
REQUEST FOR ADVANCE OF EXPENSES
(OTHER THAN TRAVEL)**

Auxiliary Enterprises Association Child & Family Ctr Foundation

Name: _____ Date: _____

Organization / Department: _____ Amount: _____

Purpose of Advance: _____

I hereby certify that the above request is necessary for the operation of this organization and does not exceed the budgetary limitations. I agree to provide receipts covering all expenditures paid from this advance and to promptly return for deposit (to credit the organization) any unused funds.

Requested by: _____ Date: _____

Approved by: _____ Date: _____

I hereby acknowledge receipt of advance requested above in the amount of \$ _____

Signature: _____ Date: _____