Okolona Christian Church
Cash Advance Accounting Form

Please sign below, attach receipts and return excess funds.

Date Cash Advance Received	Payable To:	Check Number	Amount

Date Spent	Payee	Purpose	Account No	Amount
			Total Spent	
			Net Amount	

If the TOTAL spent is less than check amount, the net is to be returned.

If TOTAL spent is greater than check amount, prepare check requisition for the NET AMOUNT to be returned.

_____
PRINT NAME OF PAYEE

_____ Date:_____
SIGNATURE OF PAYEE

Return to Business Administrator