

Sussex Avenue H.S.A.

Request for Check/Cash Advance

Date \_\_\_\_\_  
Committee Name \_\_\_\_\_  
Amount \_\_\_\_\_

Payee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Reason for Disbursement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For cash advances, please write the amount of dollars and coins needed

\$20's \_\_\_\_\_ \$10's \_\_\_\_\_ \$5's \_\_\_\_\_ \$1's \_\_\_\_\_  
Quarters (\$10 to a roll) \_\_\_\_\_ Dimes (\$5 to a roll) \_\_\_\_\_  
Nickels (\$2 to a roll) \_\_\_\_\_ Pennies (50cents to a roll) \_\_\_\_\_

Requested By \_\_\_\_\_  
Phone Number \_\_\_\_\_

Method of Distribution (Please circle one):

Mail to Payee      Return to Requester      Other

**Please attach receipts to this form. Reimbursements can only be made if receipts are attached.**

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For Office Use Only

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Imputed on \_\_\_\_\_