



Purchase Student Government Association

OA Initial & Date Received: \_\_\_\_\_ & \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PSGA Tel: (914) 251-6980

Fax: (914) 251-6991

## CASH ADVANCE

<b>GROUP NAME:</b>	
<b>DATE SUBMITTED:</b>	
<b>DATE REQUIRED:</b>	
<b>AMT OF ADVANCE:</b>	\$ _____
<b>Description of Material/Service/Event</b> Be specific, or form will be returned.	

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*I understand that all excess money and paperwork must be returned within one day or legal and disciplinary action will be taken against myself and above named club, organization or service.*

Authorized Signature: \_\_\_\_\_

Coordinator of Finance: \_\_\_\_\_

For the College: \_\_\_\_\_

Business Manager Verification: \_\_\_\_\_

*Signature - Receipt of Funds:* \_\_\_\_\_

Date & Sign of Funds Returned: \_\_\_\_\_