

Somerset Friends of Music

P.O. Box 242 Somerset, MA 02726

friendsofmusic1972@gmail.com

Cash Advance Payment Form

Today's Date: _____ Submitted by: _____ Amount: _____

Group: _____ Account to use: _____

Event & Date (if applicable): _____

Individual using Cash: _____

Reason for Cash Advance Use:

Please list the item(s) anticipated to be purchased. Upon completion, submit this form to the Treasurer or President at least one week before cash is needed. After the item(s) are purchased, this form, all receipts, and remaining cash (if any) must be returned to the Treasurer or President as soon as possible.

Requestor Signature: _____

Internal Use:

Treasurer Approval: _____

CASH ADVANCE FORM # _____

(if over \$1,000) **President Approval:** _____

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Concert | <input type="checkbox"/> Marching Arts | <input type="checkbox"/> NESBA | <input type="checkbox"/> Fundraising: _____ |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Middle School | <input type="checkbox"/> Show Choir | <input type="checkbox"/> Scholarship: _____ |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Musictown | <input type="checkbox"/> Strings | |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Music Dept
Festivals | <input type="checkbox"/> Transportation | |
| | | <input type="checkbox"/> Trip Disney | |

Date Cash Withdrew: _____

Amount Given \$ _____

Date Cash Returned: _____

Actual Amount \$ _____

Recorded QuickBooks _____