

**Friends of Shenendehowa Crew, Inc.
Financial Transmittal Form**

ALL APPROPRIATE DOCUMENTATION **MUST** BE ATTACHED, e.g. FORMS, INVOICES, RECEIPTS, ETC.

REIMBURSEMENT or CASH ADVANCE**

Name	Amount Requested	Reimbursement (RI) OR Cash Advance (CAD)/ Receipt attached ? (Y) or (N)	Purpose * <i>(Please be specific)</i>	Budget Line
	Total			

Name: _____

Address: _____

** No reimbursement will be given without (original) receipt and will only be granted within 30 days of receipt date
Cash advances and reimbursements will not be given without prior approval of Board President

Administrative Use Only

Total Amount Reimbursed/Advanced	Date Requested	Date Given	Check #	Approved By