Westchester Community College
STUDENT INVOLVEMENT

FSA
Faculty Student Association

CASH ADVANCE REQUEST FORM

I, _____ request a cash advance in the amount of $ _____
Name of Advisor/Supervisor

to be withdrawn from my club's SGA account # _____ or FUF account # _____ for

the purpose of _____

_____

_____

I understand that I am personally responsible for accounting for and documenting the use of these funds. These responsibilities include providing the Faculty Student Association with a completed itemized expense report with all supporting receipts and any unexpended funds. I understand that I must turn in all documents to the FSA within 3 days after the event or trip associated with the cash advance and that failure to do so will result in the freezing of my club's SGA budget as well as any FUF funds associated with my club.

NOTE: Any expenses incurred within NYS are tax exempt. Therefore any reimbursements must be recorded less applicable sales tax. For expenses outside of NYS, the applicable sales tax will be reimbursed.

By signing this agreement, I am allowing FSA to process my cash advance.

_____ _____
Signature of Advisor/Supervisor Date

FOR OFFICE USE ONLY

_____ _____
Signature of Director of Student Involvement
(Only for SGA account purposes)

Signature of FSA Executive Director
(Only for FUF account purposes)