KINGDOM OF MERIDES

Cash Advance Form

R E Q U E S T O R

SCA Name: _____

Legal Name: _____

Address: _____
Street Address

_____
City   State   ZIP

Home Phone: _____ Cell / Work Phone: _____

Email Address: _____

Amount of Advance requested _____

Purpose: _____
Event name and / or activity description

I,_____ understand that cash and/or receipts totaling the amount of this 'Cash Advance' must be presented to the Meridian Kingdom Exchequer within 60 days of issuance. If event related, cash and/or receipts are due 14 days after the event. Furthermore, I understand that I am fully responsible for any money this Cash Advance represents including any Stop Payment fees incurred. In extenuating circumstances, the Kingdom Financial Committee may issue a single 30 day extension to this advance (total of 90 days pre-event/14 days post event.)

_____   _____
Signature   DATE

E x c h e q u e r

Check amount below represents (circle one)   Total Budgeted Amount   Partial Budgeted Amount

Approval Signatures :   Financial committee members

_____ / _____   _____ / _____
Signature   Date   Signature   Date

_____ / _____   _____ / _____
Signature   Date   Signature   Date

Check Number: _____   Check Date: _____

Check Amount: _____   Date Mailed _____
                                                          or delivered

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