



Event Cash Advance Request

Area _____ Local _____

Date check needed: _____ Amount: _____

Event name: _____ Date: _____

Printed name of volunteer submitting the cash advance request: _____

Contact phone number or email: _____

I hereby certify that the cash herein requested is necessary and reasonable to conduct Special Olympics business. I also understand that after the event, the remaining cash should be deposited as soon as possible into the SOVA area bank account. The stamped deposit slip and all receipts should be submitted along with the completed Event Cash Advance Report/Deposit form to account for all expenditures.

Signature of volunteer submitting the expense: _____ Date _____

Mailing Address: _____

Printed name of Authorized Approving Volunteer: _____

Approving Signature: _____

This form should be used to request a check in your name, so that you can obtain cash needed to run a SOVA event. After event is over, the remaining cash must be deposited back into SOVA area bank account. Send completed forms along with receipts and deposit slips to: **Area Accounting Specialist, SOVA, 3212 Skipwith Road, Suite 100, Richmond, VA 23294**

Revised 7/17/17