



Accounting & Financial Services  
 California State University, Northridge  
 18111 Nordhoff Street, USU 100  
 Northridge, CA 91330-8350  
 Phone: (818) 677-2389  
 Fax: (818) 677-7731

**CASH ADVANCE REQUEST**

Department Name: \_\_\_\_\_

Account #: **6** \_\_\_\_\_

Fund #: (circle one) **A / G** \_\_\_\_\_

Department #: **4** \_\_\_\_\_

(as apply) Class #: \_\_\_\_\_

Project #: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Items to be purchased *	Quantity	Unit Price	\$ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL CASH ADVANCE REQUESTED: \$ \_\_\_\_\_

**\* Original receipts must be returned to the A.S. Accounting Office within 48 hours of the event date. Please enclose in cash advance envelope.**

Person Requesting Cash Advance \_\_\_\_\_