

**Maplewood PCEP
Advance Funds Request Form (AFRF)**

To request funds:

Complete and sign the top portion of the form.

Obtain a witness signature from a committee member or Executive Committee Member.

Keep a copy of the AFRF to be completed when funds are reconciled.

Turn in the original to the Treasurer to receive the funds.

Date of Request:	Committee:
Date Needed:	Requested By: (Must be Committee Chair)
Amount Requested:	Telephone:
Reconciliation Deadline: (21 days from receipt of funds)	Requested For:

I accept full responsibility for the funds that have been advanced to me and assume all liability for the amount should it be lost or stolen. It is my responsibility to account for all expenditures by returning the completed AFRF, original receipts and any unspent monies within 21 days of receiving the funds.

_____ Chairperson Signature	_____ Date	_____ Witness Signature	_____ Date
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Cash Advance Reconciliation

To reconcile:

Complete the record of expenditures. Attach original receipts.

Complete the reconciliation portion of AFRF.

Return AFRF, receipts and any unspent funds to the Treasurer.

Reconciliation Date	
Amount of Cash Advance	
Less Expenditures	
Remaining Balance Received by Treas./Assist. Treas.	

_____ Chairperson Signature	_____ Date	_____ Treasurer Signature	_____ Date
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(Negative Balances: Committee Chair must also attach a Request for Reimbursement form for balance.)

Record of Expenditures

[illegible]