AFS-USA, INC.
ADVANCE REQUEST

Voucher Date

Invoice/Voucher #

Vender ID

Advance For

Advance needs to be reconciled by (date):	Staff Advance	
	Volunteer Advance	

Account Code	Cost Center	Activity Code	Amounts	Comments	Sup Signature or E-mail approval
1210	UR-00000	0			
		TOTAL	$0.00		

NOTE

You must reconcile this advance within 30 days after returning from your trip or completing any purchases. Until this advance is reconciled you may not request any additional cash advances and any requests you submit for other reimbursements from AFS will not be approved until the amount of this cash advance is reconciled. Continued failure to reconcile cash advances in a timely manner may result in **disciplinary action** up to and including **termination**.

MAKE PAYMENT TO: ☐ Check for New Address

Area Team: _____

CLUSTER COORDINATOR: _____

Address: _____

_____

City, State, Zip: _____

Return check to:

_____

_____

* As the authorizer of this advance, I understand it is my responsibility to ensure that it is reconciled within 30 days.

Requestor signature

Print Name	*Date*	*Date*

Authorized by -- To be completed by AFS USA Staff

Print Name	*Date*	*Date*
Print Name	*Date*	*Date*