

**JAMESTOWN COLLEGE  
CASH ADVANCE REQUEST FORM**

Payable To: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Purpose of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Account Number: \_\_\_\_\_

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

(Department Head)

Approved By: \_\_\_\_\_

(Business Manager)

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