



REQUEST for ADVANCE

Name: _____

Address: _____

Telephone: _____ Email _____

Position in LMB: _____

Advance is for: _____

Person Making Request: _____

Signature: _____

Date: _____

President's Approval: _____

Date: _____

***If an advance is approved, resubmit this form with your itemized expenses. Indicate whether reimbursement is required (expenses more than advance) or a refund is included (expenses less than advance).**

List of Expenditures:	Dollar Amount	Receipt Attached
1 _____	_____	Y / N
2 _____	_____	Y / N
3 _____	_____	Y / N
4 _____	_____	Y / N
5 _____	_____	Y / N
6 _____	_____	Y / N
7 _____	_____	Y / N
8 _____	_____	Y / N

TOTAL EXPENSE: _____

MINUS ADVANCE RECEIVED: _____

AMOUNT TO BE REIMBURSED: _____

-OR- REFUND TO LMB: _____

LMB TREASURER USE ONLY

Membership-Approved Activity

Funds Released by Membership

Executive Board-Approved Expenditure

Treasurer's Signature: _____

Date: _____

Advance Issued: CASH Check # _____ In the Amount of: _____ To: _____

Advance Reconciled on ____ / ____ / ____ Refund to LMB checking account in the amount of: _____

Reimbursement Issued to: _____ in the amount of: _____ Check # _____