

GEORGIA WING REQUEST FOR ADVANCE FUNDS

DATE: _____

CHARTER / UNIT NAME: _____

Pay Advance to Member: _____

Address: _____

Address: _____

Name of Activity: _____

Dates of Activity: From: _____

To: _____

Location of Activity: _____

Advance Funds Amount: _____

Signature of Member Receiving Advance Funds: _____

I have requested the amount indicated above for the sole purpose of payment to the indicated member to be consumed, or used, by participants during the activity listed above. I understand and authorize that any unused, or unverified, amount of the advance will be repaid in full, and deposited in the Unit ,or Wing, bank account, before the time of filing the Advance Funds Close Out Reconciliation Form.

Signature of Activity Director: _____

I certify that the above named individual must have an advance to fund the above mentioned activity. This individual has been counseled as to the requirements to repay any unused or unverified portion of the advance.

Signature of Squadron Commander: _____

Wing Use Only:

Advance received via check # 1350200