

ADVANCE CHECK REQUEST FORM

COBB COUNTY FINANCE DEPARTMENT

Department Name Contact Name

Contact Email Date of Request

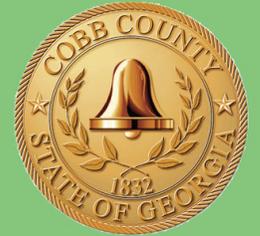
Date of Event Check Payable To:

Address

NOTE: CHECK WILL BE PROCESSED 1 WEEK BEFORE THE EVENT, NO SOONER

EVENT AND JUSTIFICATION FOR THE ADVANCE:

ECUMB #	FUND	DEPT	SUB UNIT	OBJ/REV/BSA	AMOUNT
GRAND TOTAL					



DESCRIPTION, COMMENTS OR ROUTING INSTRUCTIONS:

BACK-UP DOCUMENTS, RECEIPTS AND/OR MONEY MUST BE SUBMITTED TO FINANCE NO LATER THAN 5 BUSINESS DAYS AFTER THE DATE OF THE EVENT.

Supervisor Signature
Department Head Signature

FINANCE DEPARTMENT APPROVAL USE ONLY

Accounting Supervisor Comments:

Accounting Supervisor Signature

Finance Director Comments:

Finance Director Signature