

Invoice No. _____

ALAMEDA COUNTY CASH ADVANCE REQUEST FORM

(Name of Organization) requests a cash advance in the amount of :

to be applied against our contract with Alameda County for

pursuant to the contract during the period:

through

REASON FOR REQUEST:

Cash Flow *Provide estimates of available cash balances, expenditures and revenues to be received for the month for which the advance is requested.*

Cash Balances: _____

Estimated Revenues: _____

Subtotal: _____

Estimated Expenses (Negative): _____

Estimated Shortfall: _____

Extraordinary One-Time Expense(s) (Detail) *Provide an attachment if additional space is necessary.*

ITEM	AMOUNT

New Contractor/Program Start-up Expenses *Attach a detailed list of expenses.*

REPAYMENT PLAN:

Monthly Repayment (Offset over a specified period of time)

Offset will be made in equal amounts of: _____ over _____ months, beginning in

Lump Sum (Offset at end of contract period as appropriate. Explain how services will be provided for final month of contract, absent a new contract).

I hereby attest that the information submitted in connection with this request is accurate to the best of my knowledge or represents my best estimates at the time of submission.

Name: _____ Signature: _____ Date: _____

Title: _____

FOR COUNTY USE

Source of Funds: _____ Contract #: _____

Funds available in Account # _____ Fund # _____ Dept # _____ Program # _____

Reviewed by: _____ Date: _____

Department Head: _____ Date: _____