		Invoice No		
	OUNTY CASH AD	VANCE REQUEST FORM		
The	(Name of Organization) requests a cash advance in the amount of			
\$to be appl	ied against our contra	ct with Alameda County for		
services pursuant	to the contract during	the period	, 20	
through, 20				
REASON FOR REQUEST(S):				
<u></u> Cash Flow Provide estimates of av		s, expenditures and revenues	to be received for the month	
Cash Balances:				
Estimated Revenu				
Subtotal:				
Estimated Expense				
Estimated Shortfal				
Extraordinary One-Time Expense	(s) (Detail) Provide a	an attachment if additional spa	ce is necessary.	
ltem		Amou	int	
New Contractor/Program Start-U	p Expenses Attach a	detailed list of expenses.		
Monthly Repayment (Offset over a	a specified period of ti	me)		
Offset will be made in equal amounts of \$, 20		_overmor	nths, beginning in	
, Lump Sum (Offset at end of contra of contract, absent a new contract)		ate. Explain how services will	be provided for final month	
I hereby attest that the information submitter represents my best estimates at the time of		his request is accurate to the I	pest of my knowledge or	
Name		Date		
Title				
Source of Funds:	FOR COUNT			
Funds available in Fund #				
Reviewed by:			110j000 #	
Department Head:				

(Supervising Department to forward: 1 copy to CAO analyst, 1 copy to Auditor)

ICash Advance Form