ALAMEDA COUNTY CA	SH ADVANCE REQUEST FORM	
The (Name	of Organization) requests a cash adva	ance in the amount of
\$to be applied against ou		
services pursuant to the contract	ct during the period	, 20
through, 20		
REASON FOR REQUEST(S):		
<b>Cash Flow</b> <i>Provide estimates of available cash</i> month for which the advance is requested.	balances, expenditures and revenues	to be received for the
Cash Balances:		
Estimated Revenues:		
Subtotal:		
Estimated Expenses;		
Estimated Shortfall:		
Extraordinary One-Time Expense(s) (Detail) F	Provide an attachment if additional spa	ce is necessary.
Item	Amou	nt
New Contractor/Program Start-Up Expenses REPAYMENT PLAN: Monthly Repayment (Offset over a specified pe		
	,	
Offset will be made in equal amounts of \$, 20	overmon	tns, beginning in
Lump Sum (Offset at end of contract period as a of contract, absent a new contract).	appropriate. Explain how services will	be provided for final month
I hereby attest that the information submitted in connection represents my best estimates at the time of submission.	on with this request is accurate to the l	pest of my knowledge or
Name	Date	
Title		
FOR Source of Funds:	COUNTY USE	
Funds available in Account # Fund#_		Program #
Reviewed by:		
Department Head:	Date:	

Invoice No.\_\_\_\_\_

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

ICash Advance Form