

Code: \_\_\_\_\_



# USA TRACK & FIELD REQUEST FOR CASH ADVANCE



PLEASE PRINT OR TYPE

Make Check payable to:

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ DATE CHECK NEEDED \_\_\_\_\_

PROGRAM \_\_\_\_\_

The following must accompany this request:

- 1. Program description or flyer
- 2. Detailed budget

Advances will not be issued if you have not provided your Social Security number or if you have an outstanding advance.

**Facsimiles of this form are not acceptable and will not be processed.**

**AMOUNT OF ADVANCE \$ \_\_\_\_\_**

COMMITTEE/ACCOUNT \_\_\_\_\_

Return Signed Form To:  
USATF Accounting  
PO Box 120  
Indianapolis, IN 46206

CHAIR OR STAFF APPROVAL \_\_\_\_\_

For USATF office Use:

Account \_\_\_\_\_ Due Date \_\_\_\_\_

\_\_\_\_\_ Department Approval \_\_\_\_\_

\_\_\_\_\_ Accounting Approval \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_