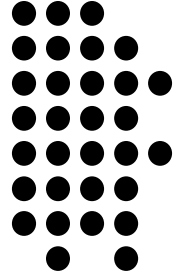


SAARA OF VIRGINIA AFFILIATE CASH ADVANCE REQUEST

Receipts must be attached to expense form.



CASH REPORT

Affiliate Information: (Address , Contact Person, Phone Number)

Purpose of expense:

Date	Description	Transportation/Mileage	Lodging	Meals	Other	Total
Column Totals						
Subtotal						
Less cash advanced						
Total owed to you						
Total due						

Affiliate Officer Signature: _____

Date:

Approved **Disapproved**

If disapproved—reason for disapproval:

Executive Director Signature: _____

Date:

Mail to:
SAARA of Virginia, Inc.
Executive Director of SAARA
4202 Park Place Drive, Suite B
Glen Allen, VA 23060-3329

Phone: 804-762-4445
Fax: 804-762-4333
Email:
Director@saara.org
Cc: cathyr@saara.org