



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

Cash Advance Form

Upon completion of form by staff member and signed by administrator, send request to business office; **Attn: Beth Claypool** through inter-school mail at least five (5) days prior to the release date.

Name: _____

Program: _____

Purpose: _____

Release Date for funds: _____

Amount: _____

Staff Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Asst. Superintendent of Business
& General Counsel Signature: _____ Date: _____