

\_\_\_\_\_ Advisory Council  
Cash Advance Disbursement

Date: \_\_\_\_\_

From: \_\_\_\_\_, UAC Financial Secretary

To: \_\_\_\_\_, State Financial Secretary

You are hereby requested to pay (name): \_\_\_\_\_.

The amount of \$ \_\_\_\_\_, for cash advance.

Signature \_\_\_\_\_

UAC Financial Secretary

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**For State Use**

Date: \_\_\_\_\_

From: \_\_\_\_\_, State Financial Secretary

To: \_\_\_\_\_, State Treasurer

You are hereby authorized to pay \_\_\_\_\_.

The amount of \$ \_\_\_\_\_, per this documentation.

Signature \_\_\_\_\_

State Financial Secretary

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**For State Use**

Date: \_\_\_\_\_

From: \_\_\_\_\_, State Treasurer

To: Patty Dalyai \_\_\_\_\_, State Financial Secretary

Check # \_\_\_\_\_ was mailed to \_\_\_\_\_ on \_\_\_\_\_.

Copy attached.

Signature \_\_\_\_\_

State Treasurer

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