

\_\_\_\_\_ 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

---

**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

---

**For State Use**

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

From: \_\_\_\_\_ . State Treasurer

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

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

Copy attached.

Signature \_\_\_\_\_  
State Treasurer

---