

EMPLOYEE NAME:		DATE REQUESTED:	
DEPARTMENT:		AMOUNT REQUESTED:	
POSITION:		REPAYMENT METHOD:	
PURPOSE OF CASH ADVANCE:			
RECOMMENDED BY:		APPROVED BY:	
<div><div><input type="radio"/> Approved</div><div><input type="radio"/> Disapproved</div></div>		<div><div><input type="radio"/> Approved</div><div><input type="radio"/> Disapproved</div></div>	
Employee's Signature <small>(Signature over Printed Name)</small>		KATHLEEN REYES, MHM, DBA Chief Operating Officer	
RACHEL CARTEGENA Finance & Accounting Director		DATE SIGNED:	
DATE SIGNED:		DATE SIGNED:	

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