

CAIRO AMERICAN COLLEGE
Advance/ Liquidation Request

Requested by: _____ Date: _____

Payable to: _____

Request Description: _____

Date Advance to be cleared: _____

Check Appropriate Boxes

CHECK APPROPRIATE BOXES:

Advance

- Local Bank check (EGP)
- Cash (EGP Equivalent to \$250)

Advance Liquidation

- Local Bank check (USD\$)
- Cash (USD\$250 max)
- US Bank Check (in USD\$ only)
- Electronic Payment (Provide banking information)

**(Overseas transfers for employees will be made for amounts above \$250 only)*

ACCOUNT(S) TO BE CHARGED AND DESCRIPTION:

Line Item **Dept.** **Description of Advance/ Liquidation**

Advance		Liquidation		Balance	
EGP	\$	EGP	\$	EGP	\$

Total:

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Additional Information: _____

Supervisor's Signature: _____

Authorized Signature: _____

Recipient's Printed Name: _____

Recipient's Signature: _____