

KENYON COLLEGE
Cash Advance
Payment Order

Pay to:
Address:

Date:

Cash Advance For:

Amount:

Please MAIL check

Total:

Charge to Clearing Account #: 112550 - 193800 *

Department: _____

Ordered by: _____

(Senior Staff)

* - Applicable expenditures will be charged to the account(s) indicated when receipts and/or remaining funds are submitted for authorization by Senior Staff, then to Accounting, for closing of the advance.