



Request for DLC Advance

DLC _____

DATE: _____

ADVANCE FOR (NAME): _____

DLC TITLE: _____ PHONE: _____

Send Check To (address): _____
street address

_____ city state zipcode

Amount Requested: _____ Meeting or
Event Attending: _____

Purpose of Advance: _____

Start Date: _____ End Date: _____

Members must return to the DLC documentation and any excess money within 30 days after expenses are incurred. If the advance is not accounted for and any excess money repaid, you are required to report to the IRS the amount owing as income.

By signing below, I agree to the terms of the above.

Signature: _____ Date: _____
signature of member who will receive the advance

Advance Approved By: _____
DLC President

Advance Approved By: _____
DLC Treasurer

FOR DLC USE ONLY

Outstanding Advance (DLC): _____ Date of Oldest
Outstanding Advance: _____

Outstanding Advance (L1000): _____