EXHIBIT I

CASH ADVANCE REQUEST

NO.

NAME OF REQUESTOR (Please print.)	SOCIAL SECURITY NUMBER – –	AMOUNT REQUESTED $
DATE(S) OF TRIP	DESTINATION	
PURPOSE OF TRIP		
APPROVED BY	DATE	

I accept full responsibility for safeguarding the above amount advanced from time of receipt until repayment. I agree that I am responsible for obtaining all necessary receipts documenting travel expenses and will file a Mileage & Other Expenses Claim with the custodian of the revolving fund no later than five (5) working days after returning from my trip. At that time, I will repay any excess amount advanced over claimed actual travel expenses to the custodian. I further authorize that any amounts of cash advanced to me that are not claimed or repaid can be deducted from any amount due to me from the County of Orange.

SIGNATURE OF REQUESTOR	DATE
RECEIVED BY	DATE

CLAIM RECEIVED BY	DATE	REPAYMENT RECEIVED BY	DATE
AMOUNT OF CLAIM $		AMOUNT OF REPAYMENT $	