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**REQUEST FOR CASH ADVANCE FOR PARTICIPANT PAYMENTS**

Date: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Requestor: \_\_\_\_\_ Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

We require the funds by (date): \_\_\_\_\_ (Please allow 5 days to process)

*FOR BRCI OFFICE  
 USE*  
 CHECK # \_\_\_\_\_  
 POSTED/DATE: \_\_\_\_\_  
 QUICKBOOKS \_\_\_\_\_  
 PO MASTERLIST \_\_\_\_\_

**INSTRUCTIONS:** BRCI will draw the requested funds for disbursement from the following account only at the request/approval of designated authority. Complete the information below. BRCI will contact you when funds are available. Return original receipt(s) or affidavit to BRCI within 10 days once funds are expended. BRCI cannot issue any more requests until outstanding disbursements have been used.

Project Title: \_\_\_\_\_

Charge advance to Account Name: Participant Payments BRCI Account #: \_\_\_\_\_

<b>Requested by (Organization/Dept.)</b>	
<b>Contact Person</b>	
<b>VA Address</b>	
<b>Phone <u>and</u> E-mail address</b>	

PLEASE DESCRIBE SPECIFICS THAT FUNDS ARE TO BE USED FOR	Denominations	Quantity	Dollar AMOUNT
<b>TOTAL:</b>			

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

*Principle Investigator/Authorized Person*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

BRCI Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Executive Director

Verification of disbursement of funds:

Cash Received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

BRCI Acknowledgement: Funds delivered to above individual by (name): \_\_\_\_\_

Copy to: Requestor and BRCI