Case Western Reserve University
Operating Advance Clearance Form

Send to: _____ Date: _____
Controller's Office
University West Building
7006

PROJECT NAME: _____

DEPARTMENT: _____

Total $0.00

DESCRIPTION: _____
_____
_____
_____
_____

APPROVED BY: _____ DATE: _____ DEPT: _____

I have reviewed the attached supporting documentation and hereby certify that, to the best of my knowledge, the amounts and accounts listed on this form are correct and appropriate.

Certifying signature _____

Printed Name _____