

REQUEST FOR ADVANCE

Name: _____ Date: _____

Amount of Advance: \$ _____

If the advance is for travel, please indicate the following:

Purpose: _____

Destination: _____

Date of departure: ____/____/____ Date of return: ____/____/____

If the purpose of the advance is other than travel, please explain below:

Other purpose: _____

NOTE: An Expense Reimbursement Form with all original receipts, must be submitted to Procurement Services to clear this Advance after 30 days the Advance is not cleared the University has the authorization to charge the amount of the Advance to the employee through payroll. See reverse side for full Policy.

I HAVE READ THE TRAVEL AND CASH ADVANCE POLICY AND HAVE AGREED TO THE TERMS.

Signature: _____ Date: _____

Printed Name: _____

Supervisor's
Signature: _____ Date: _____

Printed Name: _____

