



EXPENSE ADVANCE REQUEST

NAME: _____ DATE CHECK IS NEEDED: _____

****Please submit this request to the payments department at least five business days prior to the date needed.****

The University requires prompt and accurate financial reporting of expenses; therefore, I agree to submit a detailed expense report within 30 days following my return. A separate report is necessary for each advance. In the event the report is not filed, I authorize the payments department to consider this amount a salary advance, to be deducted from a subsequent paycheck or applied to my student account.

DATE: _____

EMPLOYEE SIGNATURE: _____

ADVANCE AMOUNT: _____

DATE LEAVING: _____

SUPERVISOR APPROVAL: _____

DATE RETURNING: _____

(Employee must sign to receive advance)

PURPOSE OF ADVANCE: _____

VENDOR NO.	CHECK NO.	BUDGET APPROVAL SIGNATURE	DATE
DOCUMENT NO.	ACCT DEPT-EXTENDED AND CHECKED	APPROVED FOR PAYMENT SIGNATURE	DATE

CHECK STUB - PAYMENT INFORMATION

DESCRIPTION (35 max.)	DATE	AMOUNT	ACCOUNT				AMOUNT
			FUND	ORG	ACCOUNT	ACTIVITY	
					74100		
TOTALS							