## Advance of Funds Request Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>Amount of Advance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name:</td>
<td>Empl ID:</td>
</tr>
<tr>
<td>Advance Type (check one):</td>
<td>Travel*</td>
</tr>
</tbody>
</table>

* A pre-approved travel request form is required. ** A signed and notarized power of attorney form is required.

### Purpose/Justification for Advance:

<table>
<thead>
<tr>
<th>Dates of Travel/Event:</th>
<th>Check Needed By:</th>
</tr>
</thead>
</table>

### Department/Project Approval (required for Other Advances):

Date: 

### Grant Accounting Approval (if required for Other Advances):

Date: 

## Accounts Payable/Payroll Use Only:

### Accounts Payable Approval (required for all advances):

Date: 

### Payroll Manager Approval (required for salary advances only):

Date: 

Check Number: Check Date: 

## To Be completed by recipient of funds:

By signing below, I acknowledge that I am responsible for the aforementioned funds that were advanced to me on the check indicated above. For travel and other advances, I agree to return these funds, or submit valid original receipts or expense forms within seven days of the end of the above mentioned event or at the University's request, whichever is earlier. For salary advances, I authorize the advance to be repaid from my next payroll check via a power of attorney agreement.

I acknowledge that if these funds are lost or stolen that I am solely responsible for the repayment of these funds.

Signature of Recipient: Date of Receipt: 

## Accounts Payable Use Only:

Date of Repayment: Received By: 

AP-65/10-09