



Accounts Payable Department
101 Braddock Road
Frostburg, MD 21532

Advance of Funds Request Form

Date:		Amount of Advance:		
Employee Name:			Empl ID:	
Advance Type (check one):	<input type="checkbox"/> Travel*	<input type="checkbox"/> Salary**	<input type="checkbox"/> Other:	
<small>* A pre-approved travel request form is required. ** A signed and notarized power of attorney form is required.</small>				
Purpose/Justification for Advance: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>				
Dates of Travel/Event:		Check Needed By:		
Department/Project Approval <small>(required for Other Advances):</small>		Date: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
Grant Accounting Approval <small>(if required for Other Advances):</small>		Date: _____		

Accounts Payable/Payroll Use Only:	
Accounts Payable Approval <small>(required for all advances):</small>	Date: _____
Payroll Manager Approval <small>(required for salary advances only):</small>	Date: _____
Check Number: _____	Check Date: _____

To Be completed by recipient of funds:	
<p>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.</p> <p>I acknowledge that if these funds are lost or stolen that I am solely responsible for the repayment of these funds, unless my position requires the handling of funds as part of my position description and the funds are lost or stolen due to circumstances beyond my control.</p>	
Signature of Recipient: _____	Date of Receipt: _____

Accounts Payable Use Only:	
Date of Repayment: _____	Received By: _____