

CASH AND/OR TRAVEL ADVANCE REQUEST

| TODAY'S | DATE: |
|----------|-------|
| I ODAI J | DAIL. |

DATE CHECK NEEDED:

USE A FRIDAY DATE (IF EMERGENCY, CALL FINANCE)

NAME ON CHECK: DEPARTMENT NAME:

PURPOSE OF THIS ADVANCE:

DATE(S) OF USE:

SUBMIT EXPENSE REQUEST FORM WITH ORIGINAL RECEIPTS UPON COMPLETION OF USE

| FUND | DEPARTMENT | | | | | OE | BJEC | т со | DE | DESCRIPTION | | TOTAL | |
|---|------------|--|--|------|----------------------------|----|------|------|----|-------------|-----------------------|-------|--|
| | | | | | | | 7 | 8 | 9 | 1 | Mileage | | |
| | | | | | | | 7 | 8 | 9 | 2 | Lodging/Meals/Airfare | | |
| | | | | | | | 7 | 8 | 9 | 3 | Vehicle Rental | | |
| | | | | | | | 7 | 8 | 9 | 4 | Conference Fees | | |
| | | | | | | | 7 | 6 | 5 | 0 | Special Events | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Requested By Signature Date | | | | | | | | | | | | | |
| Div Dean/Manager Signature | | | | Date | Cabinet Member (If Needed) | | | | | Date | | | |
| IF EQUAL TO OR ABOVE \$5,000, a signature from the President, Provost, or CFO is needed: | | | | | | | | | | | | | |