

CLAIMANT NAME: _____ DATE CHECK IS NEEDED: _____

****Please submit this request to Finance 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 (Reclass form) 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 Payment Department to consider this amount a salary advance, to be deducted from a subsequent paycheck or applied to my student account.

 CLAIMANT SIGNATURE DATE

 ASSP BUDGET MANAGER SIGNATURE DATE

 ASSP FINANCE SIGNATURE DATE

PURPOSE OF ADVANCE:

ADVANCE	DATE	AMOUNT	FUND	PROGRAM	ACCOUNT	AMOUNT
ADVANCE				2813	74100	
ADVANCE				2813	74100	
ADVANCE				2813	74100	
TOTAL:						

FINANCE DEPARTMENT USE ONLY-

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