

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				<b>2813</b>	<b>74100</b>	
ADVANCE				<b>2813</b>	<b>74100</b>	
ADVANCE				<b>2813</b>	<b>74100</b>	
<b>TOTAL:</b>						

**FINANCE DEPARTMENT USE ONLY-**

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