

UNIVERSITY OF DELAWARE REQUEST FOR CASH ADVANCE

1. Please type this document, providing all requested information.
2. Minimum amount of each advance is \$100.00
3. An advance may be requested up to 30 days prior to the departure date. Expenses incurred and paid more than 30 days prior to the departure date will require proof of pre payment attached.
4. A "Business Expense Report" should be submitted to Accounts Payable within 30 days of your return from the trip.

A/P USE ONLY	LAST NAME	FIRST NAME	MI
SOCIAL SECURITY NUMBER		DEPARTMENT	
DEPARTURE DATE:		RETURN DATE:	
DATE REQUIRED:		AMOUNT REQUESTED:	

PURPOSE OF TRAVEL:

ESTIMATE OF EXPENSES:

Transportation:		
Lodging:		
Meals:		
Registration:		
Other (itemize):		
TOTAL:	\$ -	

I hereby certify that I understand the University Travel Policy and that any Cash Advance issued must be settled within 30 days of my return. If I do not settle the advance within 30 days, I authorize the University to deduct the full amount of the advance from my next paycheck.

Requestor _____

Account Code:

Account Administrator:	Accounts Payable Approval:
Supervisor (if appropriate):	

Cash Advance: 1-8-33-0000-00-102

PO: 000003