CASH ADVANCE

This form must be completed and submitted to the appropriate Department Head for authorization before funds can be checked out from the Office of Business Services – Cashier.

Date of Travel: From _____ To _____

Name _____

Department Paying for Travel _____ Account # _____

Amount of Cash Advance _____

Rent Car ☐ School Car ☐ Personal Car ☐

Purpose of Trip: _____

_____

_____

Authorization _____
Signature of Department Head

Date	Cash Advance	Fiscal Office Approval	Employee Signature For Receipt of Cash Advance	Receipt Number	Payments	Balance