

**Make check payable to:**

Date Needed: \_\_\_\_\_

VENDOR NAME OR FULL NAME OF INDIVIDUAL RECEIVING ADVANCE OR REIMBURSEMENT

ADDRESS

CITY STATE ZIP

**Business purpose for expense:**

PLEASE STATE THE BUSINESS PURPOSE AND REASONING FOR INCURRING THE EXPENSE.

PROPER SUPPORTING DOCUMENTATION, SUCH AS ORIGINAL/ITEMIZED RECEIPTS, CONTRACTS AND INVOICES **MUST** BE ATTACHED TO THIS VOUCHER

**Check Reference:**

PLEASE PROVIDE INFORMATION, SUCH AS INVOICE # AND DATE TO ENSURE VENDOR CAN REFERENCE PAYMENT

**Total Amount:** \$

**Organization / Account:**

ACCOUNT TITLE

GENERAL OR REVENUE

**Budget Subcategory:**

**Authorized Signature:**

**X**


**Student Affairs Signature:**

**X**

**Check Requested By:**

REQUESTOR NAME

E-MAIL ADDRESS/CELL (Text Notification)

FOR OFFICE USE ONLY	
Check Prepared By:	
Date:	
 <b>CASH ADVANCE</b> COMPLETE CASH ADVANCE AGREEMENT AND PROVIDE CASH RECONCILIATION FORM TO PAYEE	