

Advance Form

Name: _____

Dept: _____

Ofc# or Location: _____

Dates of trip: _____

Reason for Advance: _____

Amount of Advance and currency: _____

Denomination requirements (foreign currency only) _____

Advance Account# 10-000- _____ -10400

Expense Account#s _____

Signature of approval _____

** Please return the copy of this form with details of expenses and receipts attached within 3 weeks of return date (US currency to Jill Harris and Foreign currency to Amy Ariano)

Business Office Use:

| | |
|----------------|--|
| Currency Rate: | |
| Voucher # | |
| Check # | |

| | Date | Amount |
|-----------------------|------|--------|
| Advance Received | | |
| Expense Voucher Total | | |
| Balance Returned | | |
| Balance Owed | | |