Cash Advance Request/Agreement Eastern Michigan University

I hereby request a cash advance to end date of		•
Date in which advance is needed	l:	(Please allow 7 Business Days to process.)
Fund/Org/Acct:		<u> </u>
I prefer that the advance is direct reconciliations or unsubmitted ex		t providing there are no outstanding advance oncur. Yes No
University Travel Policy and Pro Accounts Payable Department or personally responsible for any ex	ocedures. I also understand in the Employee Cash Adva expenses paid for from the t	stated below and in accordance with the I that all expenses are to be submitted to the ance Reconciliation form, and that I am ravel advance that are not allowable ported by original itemized receipts.
Purpose of Advance:		
days of the return of the trip the those funds. If necessary the ren University Payroll according to a unable to obtain another advance	he advance and/or properly University may hold me penaining amount of the fundapplicable State and Federale until this advance has been	y account for the use of the funds within 7 ersonally responsible for the repayment of ls advance will be deducted from my al regulations. It is understood that I am en cleared. chigan University, I agree to repay any
portion of the cash advance outst	tanding at the time of my to	ermination. It is at the University's discretion ay check or paid via personal check or money
Printed Name:		EID#
Email:	Phone:	
Signed:	Date:	
Supervisor:	Date:	