



Office of the University Controller
Florida State University

Payables and Disbursements
5607 University Center A
Tallahassee, FL 32306-2391
Ph: (850) 644-5021 Fax: (850) 644-68137
accountspayable@admin.fsu.edu

Request for Employee Advance

Employee Advances are authorized for the following uses:

- Change Funds for cashier functions
- Small Petty Cash Funds required for on-campus operations
- Temporary Advances for off-campus operations
- Operating funds for overseas study centers
- Temporary Advances for research studies

A current, properly signed form must be on file at all times. If a change of department number, fund, project or personnel occurs, a new form should be submitted immediately. Maintaining a properly signed form with all current information is the responsibility of the department.

Expenditures should also be maintained on a current basis. Particular attention should be given to reimbursements to prevent carry over into a new fiscal year or past the expenditure allowance date on a contract or grant. All expenditures should be submitted on a Payment Request Form.

Department Name DeptID Fund Code Project ID

Date of Request Date of Return

I, _____, hereby request a _____ advance of _____

All expenditures are chargeable to the above department for the following purposes:

I understand that by accepting this advance that expenditures must be in accordance with University policies (no individual travel expenditures) and, where funds are received from a contract or grant, they will be expended in accordance with applicable rules as designated by the contracting or granting agency.

Any funds expended in violation of these provisions will be personally reimbursed by:

I agree to return the money and/or receipts to Payables and Disbursement Services no later than:

<p style="text-align: center;">Individual Responsible (IR):</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>Employee ID: <input style="width: 20%;" type="text"/> Phone: <input style="width: 20%;" type="text"/></p> <p>Signature/Date: <input style="width: 90%;" type="text"/></p>	<p style="text-align: center;">Budget Account Manager (BAM):</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>Employee ID: <input style="width: 20%;" type="text"/> Phone: <input style="width: 20%;" type="text"/></p> <p>Signature/Date: <input style="width: 90%;" type="text"/></p>
<p>Dean, Director, Department Head or Chair (DDDH):</p> <p>Name: <input style="width: 45%;" type="text"/> Signature/Date: <input style="width: 45%;" type="text"/></p>	

For internal use only: Request approved by: Date: Voucher #: