



Office of the University Controller  
Florida State University

Payables and Disbursements  
Florida State University  
5607A University Center  
Tallahassee, FL 32306-2391  
[CTL-AccountsPayable@fsu.edu](mailto:CTL-AccountsPayable@fsu.edu)

### Permanent Employee Cash Advance Request

Individual Responsible for Advance (IR)

EmplID  Phone Number  Dept ID

Fund Code  Chartfield 1  Chartfield 2

Chartfield 3  Name of Department Contact

Department Contact Phone

Advance Amount

Purpose:  
 Change Fund\*       Other

\*Change funds are used to make change, generally for customers who are using cash to purchase a good or service from the university. No expenditures or disbursements can be made from a change fund.

Please describe the purpose of this advance request:

Request Date

By signing this form, the employee receiving the permanent cash advance acknowledges that they are fully responsible for returning the funds. The employee also acknowledges and accepts that the failure to return the funds will result in the full amount of the advanced funds being deducted from their paycheck.

The employee also acknowledges that they are the sole party responsible for maintaining all paper receipts according to the specific record retention requirements of their contract or grant. In addition, the employee is responsible for collecting IRS Form W-9 information for any research subject receiving more than \$599 in a calendar year with these funds.

Employee Signature  
(Individual Responsible)

Budget Manager OR  
DDDH Signature

(To be completed by ePRF preparer) Cash Advance ID