

Temporary Employee Cash Advance Request

Individual Responsible for Advance (IR)

EmplID

Phone Number

Dept ID

Fund Code

Project #

Chartfield 1

Chartfield 2

Chartfield 3

Name of Department Contact

Department Contact Phone

Date of Award:

Begin

End

Purpose:

☐

Human Study Subjects Payment

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Other

Advance Amount

IRB Protocol #

(Required for Human Subjects Payments. If a copy of the IRB Approval Memo has not already been sent to SRA please include it with this form.)

Please describe the purpose of this advance request:

Request Date

Expiration Date

By signing this form, the employee receiving the temporary research advance acknowledges that they are fully responsible for returning the funds by the expiration date of the advance, which is six months after the request date. The employee also acknowledges and accepts that the failure to return the funds within six months of the above expiration date 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