

Cash Advance Request Form

PROCEDURE

1. Complete this form and obtain Department Manager's Signature/Approval– no stamps please.
2. Submit this form to travel@kennesaw.edu to request the cash advance.
3. Attach supporting documentation (including this Cash Advance Request Form)
 - Travel-related Cash Advances require a copy of the Request for Authority to Travel Form.
 - Non-travel Cash Advances require a memo or other documentation explaining the anticipated use of the cash advance.
4. Retain a copy of this form, and all supporting documents for your records.
5. Route the this form to travel@kennesaw.edu or mail to MD 9110 Business Services, Accounts Payable.
6. When the fully approved form and documents are received in Accounts Payable, the Cash Advance will be processed.
7. If applicable, return leftover funds to the Bursar's Office with a copy of this Cash Advance Request Form.
8. Submit Travel Expense Statement or check request (for non-travel expenses) and all required receipts for department approval.

Accounts Payable Use Only

Voucher #: _____

Vendor # _____

Employee Name:	Amount Requested:
SpeedChart Number:	Date Requested (mm/dd/yyyy):
Department:	Employee Phone Number:
Department Manager's Name:	Department Manager's Phone Number:

CASH AVANCE INFORMATION

Attach a detailed breakdown of anticipated expenses.

General Purpose of Advance:

Trip Destination/Event:

DATE RANGE OF TRIP OR EVENT

From (mm/dd/yyyy):	To (mm/dd/yyyy):
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NOTE: Per the Board of Regents Business Procedures Manual (BPM)

4.9.7 Employee and Institution Accountability of Funds Advanced
Each employee receiving a cash advance shall sign and date the travel advance authorization form acknowledging receipt of funds. All employees are fully responsible for funds advanced to them and shall account for the funds in accordance with the statewide travel regulations. Employees are liable for any advanced funds that are lost or stolen.

By signing below, employee acknowledges and understands that upon receipt of funds, the employee is responsible for the entire amount of this cash advance and will submit the necessary paperwork in a timely manner. Any advances not cleared within 60 days of the issued date, will be collected through the employee's payroll funds.

REQUIRED SIGNATURES

Original Signatures Required--No Stamps Please.

Employee Acceptance/Signature and Date:	Employee Name:
Business Operations Professional/Manager's Approval/Signature and Date:	Business Operations Professional/Manager's Name:
Department Manager's Approval/Signature and Date:	Department Manager's Name:
Cash Advance Administrator's Approval/Signature and Date:	Cash Advance Administrator's Name:

RETURNED LEFTOVER FUNDS

Amount Returned \$:	Date Funds Returned (mm/dd/yyyy):
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