

# BIOLA UNIVERSITY

## CASH ADVANCE REPORT (with foreign currency items)

**Do not use this form to request reimbursement without an outstanding cash advance**

Payee's Name: \_\_\_\_\_ Biola ID # \_\_\_\_\_ OR Social Security #: \_\_\_\_\_

Dept Name: \_\_\_\_\_ Banner Fund: \_\_\_\_\_ Banner Organization: \_\_\_\_\_

Business Purpose of Expenses/Event Name: \_\_\_\_\_

Check disposition (if reimbursement is applicable: total expenditures amount exceeds cash advance amount):

<input type="checkbox"/>	When check is ready for pick-up, please call (name) _____ at (tel#) _____ Mileage rate after _____
<input type="checkbox"/>	When reimbursement check is ready, please mail to: _____
<input type="checkbox"/>	When paperwork is processed, please reimburse me via direct deposit. I have already set up direct deposit with Accounts Payable that is separate from my payroll.
<input type="checkbox"/>	Special instruction. Please specify: _____

DATE	DESCRIPTION	Foreign \$ Amount	Supplies (U.S. \$)	Food/ Meals	Phone	Postage/ Mailing	Seminar/ Registration	Hotel/ Lodging	Other	Travel/Gas/ Parking	PERSONAL CAR Miles
			71200	71510	72200	72000	71520	71500		71530	
<b>COLUMN TOTALS (in U.S. currency equivalent)</b>											

Requestor's Signature: \_\_\_\_\_

Dept Approval Signature: \_\_\_\_\_ Biola ID# \_\_\_\_\_

PAC Member Approval: \_\_\_\_\_

Budget Approval: \_\_\_\_\_

TOTAL EXPENDITURES (in U.S. \$)	
LESS CASH ADVANCE AMOUNT	
EXCESS CASH/REIMBURSEMENT	

**ATTACH ORIGINAL RECEIPTS SUPPORTING ALL EXPENSES**