

BIOLA UNIVERSITY

CASH ADVANCE REPORT *(with U.S. currency items only)*

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	Other	Supplies	Food/ Meals	Phone	Postage/ Mailing	Seminar/ Registration	Hotel/ Lodging	Travel/Gas/ Parking	PERSONAL CAR	
										Miles	Amount
			71200	71510	72200	72000	71520	71500	71530		
COLUMN TOTALS											

Requestor's Signature: _____

Dept Approval Signature: _____ Biola ID# _____

PAC Member Approval: _____

TOTAL EXPENDITURES	
LESS CASH ADVANCE AMOUNT	
EXCESS CASH/REIMBURSEMENT	

Budget Approval: _____

ATTACH ORIGINAL RECEIPTS SUPPORTING ALL EXPENSES