

**BIOLA UNIVERSITY**  
**CASH ADVANCE REQUISITION**

Date of Request: \_\_\_\_\_ Date check needed : \_\_\_\_\_ Amount of Cash Advance Requesting: \$ \_\_\_\_\_  
 (\$10.00 charge for rush) Charge Cash Advance Amount to: **101000-100000-12400**

Payee Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ or Biola ID#: \_\_\_\_\_  
 (Current Biola Employee or Biola Student Who is Responsible for the Cash Advance)

Payee Address: \_\_\_\_\_

Supervisor's/Approver's Name: \_\_\_\_\_ Biola ID#: \_\_\_\_\_  
 (Supervisor/Approver Responsible for the Cash Advance's Expense Report)

Department Name: \_\_\_\_\_ Banner Fund#: \_\_\_\_\_ Banner Organization#: \_\_\_\_\_

**IMPORTANT NOTE: A cash advance report along with all ORIGINAL receipts for the cash advance's expenditures must be turned in within 2 weeks unless otherwise approved by Accounting. Past due cash advance amount may be reported as taxable income to the payee.**

Is a physical check needed to be cashed at the Biola cashier window?

Disposition of the cash advance check:

Call for check pick up Contact name and tel#: \_\_\_\_\_  
 Mail to payee Mailing Address: \_\_\_\_\_  
 Other Please specify: \_\_\_\_\_

<b>ACCOUNTING USE</b>
Approved by: _____
Relate code: _____
Accounting Fee: _____
A/R Approval: _____
Cashier Notification: _____
BATCH # _____

Reason for checking out the cash advance: (Event name and description of how the cash advance will be spent)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cash Advance Requirement:  
 Has the cash advance payee signed and turned in the Cash Advance Guideline Form to Accounting?  
 Please note that the cash advance check will not be released until the signed Cash Advance Guideline has been received.

Special Request:  
 Does the payee need to cash the cash advance check at the Biola University Cashier?  
 Please double check the Cashier's window hours prior to cashing the check at the Cashier window and list the denominations needed below.  
 Please note that special monetary request must be received by the Cashier with a minimum of 3 business days' notice.  
 The Cashier will try its best to accommodate your needs, but we cannot guarantee the availability of your request.

Please list denominations needed:

Currency/Coin Denominations:	Dollar Amount Needed:

Grand Total: (should equal to cash advance amount requesting) \$ \_\_\_\_\_

**Requestor's Signature:** \_\_\_\_\_ **Contact Phone#:** \_\_\_\_\_

**Approver's Signature:** \_\_\_\_\_ **Contact Phone#:** \_\_\_\_\_