

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 # _____ 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: _____	Jan. 1, 2011=
<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.	\$0.555 per mile
<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: _____

Budget Approval: _____

TOTAL EXPENDITURES	
LESS CASH ADVANCE AMOUNT	
EXCESS CASH/REIMBURSEMENT	

ATTACH ORIGINAL RECEIPTS SUPPORTING ALL EXPENSES