TO: Business Office, Unit 9505

FROM: ______________________________

DATE: ______________________________

Please process a cash advance for me in the amount of $_____________.

(Cash advances are calculated at 80% of the expenses excluding amounts covered by purchase orders and mileage when using state vehicles. The minimum amount is $200.00.)

Cash Advances exceeding $1,000.00 require approval from the Comptroller in the Business Office.

Date advance is needed: ________________________

(Advances require 10 WORKING DAYS for processing AFTER the request reaches the Business Office.)

Travel Destination: _____________________________

THIS ADVANCE IS A PERSONAL LIABILITY. The advance shall be repaid or a travel reimbursement voucher submitted within thirty (30) days after travel. If not, the amount of advance will be deducted from your paycheck.

_______________________________________
(SIGNATURE OF REQUESTING PARTY)