



ADVANCE REQUEST

Date: _____

Name: _____

Campus: _____

Position: _____

If original receipts documenting expenses paid out of the \$ _____ advanced are not returned to the Business Office within 10 business days, I authorize the District to deduct an amount equal to the portion of the cash advance not properly documented from my paycheck as reimbursement. I agree that even if I provide receipts at a later date, the District is under no obligation to reimburse me for those expenses.

Campuses and departments may not provide cash awards for any employees – regardless of the fund from which it would be paid. (Gift certificates and gift cards are considered to be the equivalent of cash.)

Signed: _____
Employee (required for all cash advances)

Approved: _____
Principal

Approved: _____
Accounting Manager

THIS FORM MUST ACCOMPANY ALL REQUESTS FOR ADVANCES