

ACCOUNTS PAYABLE CHECK/CASH ADVANCE REQUEST FORM

Student Organization: _____

DATE OF REQUEST: _____ **REQUESTED BY** _____

PAYABLE TO _____ **AMOUNT**

ADDRESS _____

Business Purpose
(Include name of event & date) _____

All check advances will be mailed. Please make sure mailing address is legible.

ACCOUNT NUMBER _____ **AMOUNT** \$ -

Student Signature (Requestor)

Officer Name (print) *Officer Signature*

Advisor Name (print) *Advisor Signature*

*This form should be used to request/reconcile a University cash/check advance or to receive reimbursement for purchases paid for by the student with his/her personal cash/check/credit card on behalf of the student organization. **Student Organizations are discouraged from paying vendors directly. Vendors are paid directly by the University.***

ACCOUNTS PAYABLE CHECK/CASH ADVANCE REQUEST FORM

DATE OF REQUEST: _____ REQUESTED BY: _____

PAYABLE TO _____ AMOUNT

ADDRESS _____

FOR _____

**All check advances will be mailed.
Please make sure any handwritten information is legible to avoid delays in processing.**

ACCOUNT NUMBER _____ AMOUNT

ACCOUNT NUMBER _____ AMOUNT

Requestor's Signature

Cabinet Member Approval

Department Approval

Office of the President's Approval

Dean's Approval

VP of Finance and Accounting