

Advance Requisition

To: FINANCE/ACCOUNTS PAYABLE Date: _____

From Department of: _____ For \$ _____

Advance Payable to: _____ Date Req'd: _____

Home Address: _____

Mailing Instructions: Internal External

Banner Student/ ID Number: _____

Reason For Advance: _____

Date(s) of Activity: _____
Start & End Dates (MUST BE COMPLETED)

PD# (if applicable): _____

CHARGE ACTIVITY TO ACCOUNT:	AMOUNT	

Requested By: _____

Authorized By: _____

Please submit an expense claim* to clear this advance no later than 30 days after the completion of your activity. Future expense claims will not be reimbursed until outstanding advances are cleared.

Advance requests should be received at least 3 weeks prior to activity for processing

Please complete all fields as missing information will delay the issuance of the advance.
**For Expense Claim Guidelines please see ufv.ca/finance/Exp_Claim_Guidelines.htm*