

# Cash Advance Request Form

Employee Information			
Employee Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Date of Request:	<input type="text"/>

Advance Request Details			
Requested Amount (\$):	<input type="text"/>		
Purpose of Advance:	<input type="text"/>		
Proposed Repayment Terms:	<input type="text"/>		
Expected Date of Expense:	<input type="text"/>	Project/Activity:	<input type="text"/>

Approvals & Acknowledgements			
Employee Signature: <hr/> Date: <input type="text"/>	Supervisor/Manager Name: <input type="text"/> Signature: <hr/> Date: <input type="text"/>	Finance/HR Approval: <input type="text"/> Signature: <hr/> Date: <input type="text"/>	Amount Approved (\$): <input type="text"/> Advance Disbursement Date: <input type="text"/>

**Note:** Please attach all relevant supporting documents. Return signed and completed form to the Finance or HR Department for processing.  
(To print, use your browser's print option.)