

ST. NORBER COLLEGE, INC.
REQUEST FOR ADVANCE OF FUNDS

Name: _____
Campus ID#: _____
Employee: _____ Student: _____ Other: _____
Department: _____

PURPOSE FOR ADVANCE:

Start date for use of funds: _____
End date for use of funds: _____

In consideration and certification of the advance funds, I will submit an employee travel and expense reimbursement form to reconcile expended funds and repay any unexpended funds within ten days of return or use of funds unless authorized in writing with approval from the Director of Finance. I hereby certify that the advances requested are for reimbursable expenses expected to be incurred on college business in accordance with college policies and procedures and not to be reimbursed by any third party.

If repayment is not made within the allotted time, funds may be deducted from a future paycheck.

_____ Employee Signature	_____ Date
_____ Supervisory Approval	_____ Date

SNC employees will be advanced funds via direct deposit.
Please contact the finance department (ext 3248) with any questions.