



ST. NORBERT COLLEGE
ADVANCE REQUEST FORM

Name (print): _____ Campus ID#: _____

Department: _____

Employee Student Other

Advance amount requested: \$ _____

Charge to: **Fund:** **Org:** **Account:**
(6 digit code) (6 digit code)

Business purpose of advance:

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

In consideration of the advancement of funds, I agree to submit an employee travel and expense reimbursement form to account for expended funds and repay any unexpended funds within ten days of return or use of funds unless an exception is authorized in writing by the Controller. I certify that the advance requested is 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 of unexpended funds is not made within the allotted time, funds may be deducted from a future paycheck.

Signature

Date

Supervisory Approval

Date

College employees will be advanced funds via direct deposit. Contact the accounting services office (x3248) with questions.