## ALBION COLLEGE

## **CASH ADVANCE FORM**

ACCOUNT NUMBER

11000-13099

2. KC Box:	1. Casi	ilei, Flease Fay	Person	Receiving C	ash Advance	
4. Amount:  5. Approved By:						
5. Approved By:	2. KC I	30x:	3.	Vendor N	Number:	-
7. Reason for Advance and Date(s):	4. Amo	ount:				
7. Reason for Advance and Date(s):	5. App	oroved By:	Director/Department Head/V	P	6.Date:	
Please check one: Direct Deposit  Paper Check   Cashier=s Approval:						
Cashier=s Approval:						
(If \$50.00 or less)  Business Office Approval:	Please	check one:	Direct Deposit □		Paper Check □	
Signature of Cash Advance Recipient  My signature directly above also indicates my understanding that this cash advance form must be reconciled with a reimbursement report within 5 days of returning from the travel or event. I understand that future reimbursements will be held should this cash advance remain outstanding more that 5 days af returning. In addition, the appropriate department head or VP will be enlisted to assist in the collection cash advance.  Check #:	(If \$ 5 Busine (If ove	0.00 or less) ess Office Apprer \$ 50.00)	roval:			
stribution: <b>Original</b> - Accounting Office <b>Copy</b> - Return to Accounting Office with Expense Report Attached	Recei	My signature directorized with a that future reimbureturning. In add	ectly above also indicate reimbursement report w ursements will be held sh	s my under vithin 5 day nould this c	Signature of Cash Advance Recipient restanding that this cash advance form must be as of returning from the travel or event. I under cash advance remain outstanding more that 5 days.	ys after
Copy - Return to Accounting Office with Expense Report Attached	Check	#:		Date:		
	stribution:	Original - Acc	counting Office			
Copy - Department Copy rev 04/2017		Copy - Return to Accounting Office with Expense Report Attached				
		Copy - Depart	ment Copy		rev 04/2017	