

SKIDMORE COLLEGE CHECK / CASH ADVANCE REQUEST

PAYEE INFORMATION (Please Complete All Items)

Name: _____	CASH ADVANCE?	YES CHECK ONE	<input type="checkbox"/>
Address Line 1: _____		NO	<input type="checkbox"/>
Address Line 2: _____			<input type="checkbox"/>
City/State/Zip: _____	EMPLOYEE?	YES CHECK ONE	<input type="checkbox"/>
Phone/Fax: _____		NO	<input type="checkbox"/>
Contact: _____	If payment is to non U.S. citizen or agent of non U.S. citizen, please contact Financial Services at X5827.		
Social Security OR Tax ID#: _____			

DESCRIPTION / PURPOSE	
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Note: Cash Advances should not be used to pay individuals. Payments made to individuals should be made via check or through P.O. process.

SPECIAL MAILING INSTRUCTIONS?	
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REQUESTED BY (please print): _____

REQUESTOR SIGNATURE: _____ **DATE:** _____

APPROVED BY (please print): _____

APPROVER SIGNATURE: _____ **DATE:** _____

(Approval should be Requestor's Supervisor, Director, Dean or higher)

Note: Under no circumstances can a person self-approve a reimbursement

INVOICE #:	<input style="width: 90%;" type="text"/>	
GL A/C#	<input style="width: 90%;" type="text"/>	AMT: <input style="width: 80%;" type="text"/>
GL A/C#	<input style="width: 90%;" type="text"/>	AMT: <input style="width: 80%;" type="text"/>
GL A/C#	<input style="width: 90%;" type="text"/>	AMT: <input style="width: 80%;" type="text"/>
GL A/C#	<input style="width: 90%;" type="text"/>	AMT: <input style="width: 80%;" type="text"/>
GL A/C#	<input style="width: 90%;" type="text"/>	AMT: <input style="width: 80%;" type="text"/>
		TOTAL: \$ _____ -

CASH ADVANCES
 CASH ISSUED \$ _____ **A/P APPROVAL** _____

I certify that I have received the above amount of cash.

CASH RECIPIENT SIGNATURE _____ **PRINTED NAME** _____

Note: documented use of the amount or return of unused amount is required within 30 days of returning from trip or from the use of the funds.

AP USE ONLY
 VOUCHER # _____ VENDOR # _____