

# Departmental Cash Advance Approval Form

## A. Request Details

Department:	_____	Date:	____/____/____
Requested By:	_____	Employee ID:	_____
Purpose of Advance:	_____		
Amount Requested:	â,± _____	Date Needed:	____/____/____
Specific Use/Expense Details:	_____		

## B. Certification

I certify that the cash advance requested above is necessary for official and authorized purposes, and all expenditures will be accounted for in accordance with established financial rules and regulations.

\_\_\_\_\_  
Requested By  
(Signature over Printed Name)

\_\_\_\_\_  
Department Head  
(Signature over Printed Name)

\_\_\_\_\_  
Finance Approval  
(Signature over Printed Name)

## C. For Accounting/Finance Use Only

Cash Advance No.:	_____	Date Released:	____/____/____
Account Code:	_____	Amount Approved:	â,± _____
Received By:	_____		

## Important Notes:

- All cash advances must be liquidated within the period specified by the finance department.
- Failure to liquidate or provide valid receipts will result in personal liability of the requesting employee.
- Multiple unliquidated cash advances may disqualify future requests.
- Attach all necessary supporting documents to this form before submission.