

# SKIDMORE COLLEGE CHECK / CASH ADVANCE REQUEST

All Check Requests and Expense Reports must be submitted by **Tuesday @ 4:30**. If there are any discrepancies, the request could be delayed.  
**PAYEE INFORMATION (Please Complete All Items)**

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

<b>DESCRIPTION / PURPOSE</b>	
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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.*

<b>SPECIAL MAILING INSTRUCTIONS?</b>	
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<b>REQUESTED BY (please print):</b>	_____
<b>REQUESTOR SIGNATURE:</b>	_____
	<b>DATE:</b> _____
<b>APPROVED BY (please print):</b>	_____
<b>APPROVER SIGNATURE:</b>	_____
	<b>DATE:</b> _____

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

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

<b>INVOICE #:</b>	_____	
<b>GL A/C#</b>	_____	<b>AMT:</b> _____
<b>GL A/C#</b>	_____	<b>AMT:</b> _____
<b>GL A/C#</b>	_____	<b>AMT:</b> _____
<b>GL A/C#</b>	_____	<b>AMT:</b> _____
<b>GL A/C#</b>	_____	<b>AMT:</b> _____
		<b>TOTAL: \$</b> _____ <b>-</b>

<b>CASH ADVANCES</b>
CASH ISSUED \$ _____ <b>A/P APPROVAL</b> _____

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

<b>CASH RECIPIENT SIGNATURE</b> _____	<b>PRINTED NAME</b> _____
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*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.*

<b>AP USE ONLY</b>	
<b>VOUCHER #</b> _____	<b>VENDOR #</b> _____