



University Finance Office

Cash Advance & Personal Expense Repayment Form

Employee Information:

Name: _____ Cost Center: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone#: _____

Purpose of Repayment (select one):

Cash Advance

Date: _____

Spend Authorization Number: _____

Description: _____ Cash Advance Total: _____

Payment Type: Check _____ Cash _____

Amount returning to University: _____

Travel Card Personal Expense

Date: _____

Expense Report Number: _____

Description: _____

Payment Type: Check _____ Cash _____

Amount returning to University: _____

Purchasing Card Personal Expense

Date: _____

Expense Report Number: _____

Description: _____

Payment Type: Check _____ Cash _____

Amount returning to University: _____

Employee Signature _____

Date _____

Please print and drop this form off along with repayment to either the deposit box at Campus Safety, or to the University Finance Office.