



QRG 8:

EMPLOYEE ADVANCE REQUEST FORM

AP01

Job Aid AP01-QRG8

The purpose of this job aid is to show what the employee advance request form looks like.

Enter your Agency Name Here
EMPLOYEE ADVANCE REQUEST

INSTRUCTIONS TO REQUESTER:

Enter data in green areas. Submit original to be received in Accounts Payable ten working days prior to date travel begins in order for the check to be available five working days prior to travel beginning date.

Payee's Name (First, Middle Initial, Last)	Division
Payee's Home Address	EMPLOYEE SOC. SEC. #
Purpose :	
Has budget authorization been approved for this trip? () YES () NO	
Destination	

Advance Request #1 () Subsistence	Date Advance Needed	Date Travel Begins
PAY ENTITY	00/00/00	00/00/00
COMPANY	ACCOUNT	CENTER
		AMOUNT

Advance Request #2 () Airfare	Date Advance Needed	
PAY ENTITY	00/00/00	
COMPANY	ACCOUNT	CENTER
		AMOUNT

Advance Request #3 () Registration Fee	Date Advance Needed	
PAY ENTITY	00/00/00	
COMPANY	ACCOUNT	CENTER
		AMOUNT

I certify that funds requested hereon are to be used for the purpose stated. I further certify that any funds advanced to be will be repaid immediately on request from Agency authorities and that any funds advanced will be repaid prior to my last day of employment should I terminate my employment for any reason.

_____ _____ _____ _____
 REQUESTER DATE AUTHORIZED SIGNATURE DATE