

UNIVERSITY OF VIRGINIA
SPECIAL CASH ADVANCE REQUEST
(PLEASE SEND TO THE ASSOCIATE COMPTROLLER, REVENUE AND COLLECTIONS, PO BOX 400194)

Today's Date _____ Amount of Request \$ _____

Please complete the following information for the Payee (Type or Print)

Name _____ Social Security Number _____

Payee's E-mail address _____ Telephone Number _____

Home Address: _____

Purpose of Cash Advance and reason payment cannot be accomplished through other means
(If for travel: Departure date _____ Return Date _____)

The Check should be Held for Pick-Up on (date) _____

BY (Please print or type name) _____

Telephone Number _____

Payee agrees to repay the advance by this date: _____ (If for travel, the Maximum 30 days from return) The payee will receive an invoice mailed to the home address. Past due obligations are reported to the State for offset against State income tax refunds, State vendor payments, and lottery winnings, and may be reported to credit bureaus, referred to third party collection agencies or the State Attorney General, or litigated.

I understand that reimbursement of business expenditures requires submitting all appropriate receipts and timely completion of travel expense reimbursement vouchers. I understand and agree that I will repay this advance regardless of my reimbursement and that this advance **may be deducted from my salary or other check**, if I fail to make repayment.

Payee's Signature

Date

If the recipient fails to repay the advance, the department guarantees to reimburse the advance from University LOCAL funds account number (PTAO) _____

Signature

Requesting Department

Departmental Approval (Name & Title) Please Print or Type

Department Messenger Mail Address

Departmental Contact Name _____ Phone _____ E-mail _____

DEPARTMENTS SHOULD NOT WRITE BELOW THIS LINE

Approval _____

Date _____

Account _____ - 0000 Amount \$ _____ , _____