

REQUEST FOR CASH ADVANCE

SECTION A - CUSTODIAN INFORMATION

Name: _____ (Last) _____ (First)

ZPID: _____

Department: _____ College: _____

Department Address: _____

Dept. Phone # Ext: _____ Email: _____

SECTION B: TYPE OF ADVANCE (please check one box)

CASHIER'S OFFICE ADVANCE: (HANNAH ADMINISTRATION BLDG, 426 AUDITORIUM RD ROOM 110)

- Open Ended (Operational)
- Events

SECTION C: ACCOUNT(s) TO BE CHARGED (This section is for planning purposes only.)

DEPARTMENT NAME	ORGANIZATION CODE	ACCOUNT #	AMOUNT

SECTION D - ADVANCE INFORMATION

Purpose of Advance:

Date Advance will be repaid: _____

SECTION E - ACKNOWLEDGMENT AND SIGNATURE

THE UNIT ADMINISTRATOR AND CUSTODIAN ACKNOWLEDGE THAT THEY HAVE READ AND ARE AWARE OF THE FOLLOWING RESPONSIBILITIES. ANY PENALTIES OR INTEREST INCURRED AS A RESULT OF LACK OF ADHERENCE TO THE FOLLOWING WILL BE THE RESPONSIBILITY OF THE DEPARTMENT.

- 1) PAYMENTS IN ANY AMOUNT TO A NON-RESIDENT ALIEN MUST BE REPORTED TO THE IRS. YOU WILL NEED TO RECORD THE NAME, HOME ADDRESS AND THE TAX IDENTIFICATION NUMBER OF THE PAYEE ON THE REIMBURSEMENT VOUCHER.
- 2) PAYMENTS TOTALING \$600 OR MORE (EITHER INDIVIDUALLY OR CUMULATIVELY) DURING A CALENDAR YEAR MAY BE REPORTABLE TO THE IRS. YOU WILL NEED TO REPORT THE NAME, ADDRESS AND TAX IDENTIFICATION NUMBER OF THE PAYEE ON THE REIMBURSEMENT VOUCHER.
- 3) WE HAVE READ AND UNDERSTAND SECTION 60 (CASH ADVANCES) OF THE MSU MANUAL OF BUSINESS PROCEDURES AND THE RELATED RULES AND PROCEDURES.

Custodian Signature _____ Print Name _____ Date _____

Unit Administrator or Unit Administrator Designate Signature (Must Be Senior to Custodian) _____ Print Name _____ Date _____

SECTION F - FOR CONTROLLER'S OFFICE USE

CONTROLLER'S OFFICE APPROVAL

CONTRACTS AND GRANTS APPROVAL