



Advance Clearance Form

Name _____ Date _____ Employee ID # _____
Last name, first **REQUIRED**

Address _____ City _____ State _____ Zip _____

Department _____ Position _____

Advance used to: _____

Funds advanced \$ _____

Funds left over \$ _____

Funds expensed \$ _____

Account to be charged

Account Number	Speed Type/ Chart	O R	Account Number	Fund	Department ID	Program	Project/Grant	Amount

Signature of staff returning funds

Approval of Dean, Chair or Department Head

All excess funds must be returned to the Departmental deposit cashier at the Bursar counter and a receipt obtained. The receipt must be attached to this clearance form before it is turned in to Accounts Payable.