OCCIDENTAL COLLEGE CASH ADVANCE REQUEST FORM

Send completed form to Accounts Payable (AGC Building – lower level)

NAME:		
OXY ID:	EXTENSION:	
DEPARTMENT:		
Business purpose of Cash Advan	ce (please be detailed):	
Check one:		
	Travel Recruitment	
Event Date: (should	d be no later than 60 days for airline trav	el or 30 for all other costs)
Expected Advance Clearing Date:	:	
Cash Advance Amount: \$(please provide receipts or other)	relevant documentation to support the a	amount requested)
Charge to FOAPAL: (FUND)	(ORGN)	(ACCT) 3328
Employee signature:		
Date:		
Dept. Head approval signature: _		
Business Office Use:		
Checked for outstanding advances:		