



ACCOUNTS PAYABLE  
 429 N. Church St.  
 Spartanburg, SC 29303-3663  
 Phone: (864) 597-4222 FAX: (864) 597-4239

<b>Request rec'd by Accts Payable by:</b>	FRIDAY	TUESDAY
<b>Advance available by:</b>	WEDNESDAY	FRIDAY

# Cash Advance Request

**AN ADVANCE REQUEST WILL NOT BE GRANTED TO AN EMPLOYEE WITH AN OUTSTANDING ADVANCE BALANCE**

## PART I Payee and Trip Information

Legal Name:

First:  Middle:  Last:

Department:  WOFFORD ID #

Purpose of Advance:  Athletic Team Travel  Recruit Employee  Recruit Student  Other  
 Recruit Athlete  Student Club/Organization  Fund Raising

Detail of Advance: (name of Conference, Event, Sport, Position Recruited, etc.)

Depart Date:

Return Date:

**-OR-**

Event Date:

## PART II Accounting Detail (If Index is entered, provide ACCT only. If Fund is entered, provide ORGN, ACCT, & PROG.)

Index	Fund	Orgn	Acct	Prog

**ADVANCE AMOUNT:**

*Employees paid via direct deposit will receive their advance via direct deposit. All other payment types will be via check.*

## PART III Authorization (After completing PART I and II, please print. Manually sign and date PART III)

I AGREE that within 30 days of my return/event date above, I will submit receipts and other documentation of expenses along with a completed Expense Reimbursement Form to clear the advance and/or repay any excess. I understand that failure to account for advanced funds within 30 days will result in a payroll deduction for the balance due.

Payee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dept. Approver Signature: \_\_\_\_\_

Date: \_\_\_\_\_