

ADVANCE REQUEST AND AGREEMENT FORM



BUSINESS OFFICE
(585) 385-8055

EMPLOYEE NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 BANNER ID NUMBER _____
 DEPARTMENT _____
 DATE REQUIRED _____
 ACTIVITY COMPLETION DATE _____
 PAYMENT FORM CASH CHECK/DIRECT DEPOSIT

Forms must be received by the Business Office at least two weeks prior to the "Date Required".

PURPOSE OF THE ADVANCE	ADVANCE AMOUNT
TOTAL →	

This advance must be signed by your Budget Manager (as the Approver) and the cash advance recipient must read and sign the Statement of Agreement (below) prior to the processing of this document.

APPROVER NAME _____
Print

APPROVER SIGNATURE _____ DATE _____

STATEMENT OF AGREEMENT: To be read and signed by the advance recipient.

I acknowledge that this advance is to be used for St. John Fisher College business purposes as outlined above, and that I am personally liable for any payments made with the advanced funds that are not directly related to College activities.

I understand that St. John Fisher College is exempt from paying New York State Sales Tax and any tax paid with these funds will be collected from me in a manner consistent with the College's policy.

I understand that within 25 days of my ACTIVITY COMPLETION DATE, I am responsible for returning any excess funds and to submit all documentation/receipts on a 'Travel Reimbursement Form' or a 'Payment Request Form' to properly account for the use of funds. In the event that I fail to return the advance or properly account for the use of the funds within 25 days, and the reason for this failure is due to my negligence, carelessness, or willful misconduct, St. John Fisher College may exercise one of the following options:

- 1) Hold me personally responsible for the repayment and all costs incurred by the College to collect the advanced funds;
- 2) Impose a taxable benefit on me in the full amount of the advance.

In the event that employment is terminated with St. John Fisher College, I understand that it is my personal liability for any outstanding balance.

EMPLOYEE NAME _____
Print

EMPLOYEE SIGNATURE _____ DATE _____

ACCOUNTS PAYABLE USE ONLY:

DATE ADVANCE WAS ISSUED: _____

DATE SUPPORTING DOCUMENTATION/EXCESS FUNDS WERE RETURNED: _____

INSTRUCTIONS FOR ADVANCED REQUEST AND AGREEMENT FORM

Please print legibly and complete the entire form. "On File" is not an acceptable response, even if the employee has had an advance in the past.

EMPLOYEE NAME, ADDRESS, and CITY, STATE, ZIP:

- The employee name *and* complete mailing address **are required**.
- The employee's legal name must be provided with middle initial, i.e. William E. Smith (not Bill Smith).

BANNER ID NUMBER:

- Provide the employee's Banner ID number.

DEPARTMENT:

- Provide the department that the employee works in and is requesting the advance for.

DATE REQUIRED:

- Provide a date by which the advance is needed.

ACTIVITY COMPLETION DATE:

- Provide the date at which the activity for this request will be completed.

PAYMENT FORM:

- Indicate whether the payment is to be in the form of cash or a check / direct deposit.

PURPOSE OF THE ADVANCE and ADVANCE AMOUNT:

- Complete and attach any documentation necessary to support the calculations of funds needed for the advance.
- These funds may not be used to pay **New York State Tax**. Contact the Business Office for a copy of the College's Tax Exempt Certificate. Any tax paid with these funds will be collected from the employee in a manner consistent with the College's policy.
- The maximum amount to be advanced is \$1000. Amounts greater than this must be pre-approved by the Controller.

APPROVER NAME, SIGNATURE, and DATE:

- The Budget Manager (person responsible for each FOAP) must print their name, sign, and date the form indicating their approval of this advance.
- An individual cannot request and approve payment for advanced money. Therefore, a payment to a Budget Manager requires their Supervisor's approval. The Employee and the Approver cannot be the same person.

EMPLOYEE NAME, SIGNATURE, and DATE:

- The employee must print their name, sign, and date the form agreeing to the terms specified in the Statement of Agreement section regarding usage of these funds.

Completed forms must be received by the Business Office at least two weeks prior to the "Date Required" in order to be processed. Incomplete forms will add to the time required to meet your request.