

6.33.11 REQUEST FOR ACCOUNTABLE ADVANCE

This form is to be used for requesting accountable advance purposes.

Do not use this form for Education Allowance, Medical Claim, Meal Allowance, Motor Mileage or Per Diems for which specific forms are to be used. *Please support this request with proper plan of activities and budget.*

Claimant Name: _____ Staff/Student No.: _____ Phone: _____

Supervisor Name: _____ Supervisor ID No. _____ Faculty/Section _____

I am request the following accountable advance:

FUND	ORGN	ACCT	PROG	AMOUNT	DESCRIPTION
Total (\$)					

I certify that the advances requested are reimbursable expenses to be incurred on behalf of the University and will be utilized in accordance with University policies and procedures. I will acquit (through University Acquittal Form) the expenditures and return any unspent amount to the University within 7 (seven) days of receiving the advance or returning from the trip (whichever is later).

Description	Name	Signature	Date
Claimant			
FAO/Mgmt Accountant/ PRIDE Accountant			
*Approved by			
<i>For use by Accounts Payable (AP) unit only:</i>			
Checked by:			
Sr. Accountant			

** Please refer to Section 17.1 of Policy 6.2.02 – Scheme of Financial Delegations in force for the competent staff with the delegation to approve Accountable Advance.*

1) AP-Section:	Enter in AR: (AP/PV# as the Invoice#) DR Detail Code: _____ Amount: _____ (Accountable advance amount)	Entered by: _____ Date: _____
2) AP Section:	PV# _____ Date: _____ Enter Vendor Invoice#: AAR-(PV#) Chq/DD# : _____ Date: _____ Signatory initials: 1 _____ 2 _____	