

Advance Form

Empl ID#:
Name:
I,, agree to submit an Expense Statement (with original itemized receipts attached) which adheres to the College's Travel and Other Expenses – Administrative Operating Procedure and reimburse the College for any unused funds relating to this advance by (date) I understand if I do not complete the above the amount of the advance will be deducted from my pay.
Reason for Advance : Date: Advance Requested: \$
(CDN \$ only) Date required:
Bank Account to be deposited to:
Employee Signature: Budget Manager Signature:
Accounting use only: