



Advance Request and Settlement Agreement

Name _____ Date _____ Employee ID # _____
Last name, first **REQUIRED**

Address _____ City _____ State _____ Zip _____

Department _____ Position _____

Purpose of Advance _____

Date advance needed _____ Call for check pickup _____
Extension

Advance Requested \$ _____

This advance will be cleared by an Advance Clearance form. This is not intended for Travel Expenses. Complete the chart below with the main account to be charged when Advance Clearance form is turned in.

Is this to be charged to a grant? _____ Yes _____ No

Account Number	Speed Type/Chart
130091	

OR

Account Number	Fund	Department ID	Program	Project/Grant
130091				

Amount \$

Settlement Agreement

I acknowledge receipt from Accounts Payable of _____ dollars as an advance for the cost of the above described purpose. I agree to settle this advance by filing an Advance Clearance Form with the office of Accounts Payable (with attached receipt of any unused funds returned to the Bursar) on or before _____ (due date).
(within 15 days of event date)

If I have not settled this advance with the office of Accounts Payable by the due date, I hereby authorize the University of New Orleans to deduct the full amount from my first paycheck following the due date or any subsequent paycheck.

Signature of Payee **Date** **Approval of Dean, Chair or Department Head** **Date**

Checks can only be picked up by the payee unless name given here _____
Designated recipient will need Staff Identification to pick up check.

Approval of Accounting Services _____

Advance picked up by _____

This form should be routed from the department to Accounting Services and then to Accounts Payable for processing. Checks will be ready for pickup ten days after receipt in Accounts Payable.