St. Olaf College
Cash Advance Request Form

Date: ____/____/____

Department name: _____

Requester Name: _____

Email: _____

Phone: _____

Unit #: _____ -11650 _____

Fund Cost Center Account Activity

Reason for expenses: _____

Dates of expenses: _____

Approver Name: _____

Approver Signature: _____

date

Denomination of funds needed:

Quarters (in $10 increments): _____

Dimes (in $5 increments): _____

Nickels (in $2 increments): _____

Pennies (in $.50 increments): _____

$1's: _____

$5's: _____

$10's: _____

$20's: _____

Total Advance Amount:

By signing below, I agree to account for this advance **within ten days** of the dates of expenses as indicated above, either by returning the advanced funds or with adequate receipts.

Requester Signature: _____ Date: _____

Instructions for return of advance:

Fill out "Advance Return Form" and bring to Business Office with any remaining money from the advance.

Business Office Use Only

Date Returned: ____/____/____

Amount Returned: $

Last Updated: October 2025