

St. Olaf College
Employee Cash Advance Request Form

A cash advance may not be used to pay for personal services of any nature.
An advance request will not be granted to an employee with an outstanding advance balance.

Date:

Name:

Mailing Address:

Department:

Extension:

Account # : - -11650

Amount: \$ Cash Check

Reason for expenses:

Projected dates for expenses:

By signing below, I agree to account for this advance **within ten working days** of the projected dates as indicated above, either with adequate receipts, cash or a check for the balance made payable to St. Olaf College. **I understand that my failure to account for the advanced funds in full within sixty days will result in a Payroll deduction for the balance due.** By signing below, I agree to allow St. Olaf College to make any such deductions from my pay.

Signature:

Date:

Approver Name:

Approver 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: