

Shaded GRAY Areas for AP Use Only / YELLOW FIELDS - DATA ENTERABLE

**Please staple all attachments
receipts to top left corner.
(No paper clips)**

Prepared by: _____ Date: _____

| | |
|---|------|
| Principal Investigator/Authorized Signature | |
| Authorized Signature | Date |

VENDOR NUMBER: _____

| | |
|------------|---------------|
| Custodian: | Phone Number: |
|------------|---------------|

| | | |
|------------------|----------|-------------|
| Address Code/Seq | Address: | Department: |
|------------------|----------|-------------|

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

ESTABLISH _____
Contracts and Grants Approval

Funds to be Charged: _____

Justification: _____

Certification: I understand that: (a) I am personally responsible for the advance of cash funds; (b) I will return the funds to the Cashier's Office upon request or if I am no longer employed by the University or same department; (c) I will not commingle these funds with personal funds; (d) my research subject fund is subject to audit without prior notice; (e) I agree to adhere to the University's cash policies as per the Policies & Procedures Manual; and (f) I agree the advance may be deducted from my payroll check or retirement if not repaid upon request.

Signature of Custodian

| Document #: | Invoice Date: | Transaction Date: | Bank | CM | Due Date: | 1099 Tax ID: |
|-------------|---------------|-------------------|-------|-------|-----------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

| Vendor Invoice #: | Commodity/Description | COA | Index/Fund | Acct | Amount |
|-------------------|-----------------------|-----|------------|--------|--------|
| _____ | Res. Subject Adv. | G | 148502 | 500101 | _____ |

REIMBURSEMENT (Reimbursements must be filed at least monthly)

| Document #: | Invoice Date: (MMDDCCYY) | Transaction Date: | Bank | CM | Due Date: | 1099 Tax ID: |
|-------------|-----------------------------|-------------------|-------|-------|-----------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

| Vendor Invoice #: | Commodity/Description | COA | Index/Fund | Acct | Amount |
|-------------------|-----------------------|-----|------------|-------|--------|
| _____ | _____ | G | _____ | _____ | _____ |
| _____ | _____ | ↓ | _____ | _____ | _____ |
| _____ | _____ | ↓ | _____ | _____ | _____ |
| _____ | _____ | ↓ | _____ | _____ | _____ |
| _____ | _____ | ↓ | _____ | _____ | _____ |

TOTAL: _____