Updated: August 2017

Recipient's Name:	UA ID Number:
Date funds are needed:	UAF Department:
Dates of event:	Amount:
	Accounting (Fund-Org):
Select the method for receiving the case	sh advance:
Direct Deposit	
Mail to Department	
Pick Up	
Describe the purpose of the advance as	nd why normal methods of procurement are not suitable:
and follow the miscellaneous cash advathat I am personally liable to repay any	s cash advance, understand it is my responsibility to read ance instructions as laid out on the OFA website. I agree of payment where the required backup is not obtained. If the conths from the date issued, OFA will remit the amount to the
and follow the miscellaneous cash advathat I am personally liable to repay any advance is not reconciled within six more	ance instructions as laid out on the OFA website. I agree appropriate payment where the required backup is not obtained. If the
and follow the miscellaneous cash advathat I am personally liable to repay any advance is not reconciled within six modepartment's fund 1.	ance instructions as laid out on the OFA website. I agree appropriate payment where the required backup is not obtained. If the
and follow the miscellaneous cash advatated that I am personally liable to repay any advance is not reconciled within six modepartment's fund 1.  Recipient's	ance instructions as laid out on the OFA website. I agree appropriate payment where the required backup is not obtained. If the onths from the date issued, OFA will remit the amount to the supply the date issued.
and follow the miscellaneous cash advatated am personally liable to repay any advance is not reconciled within six modepartment's fund 1.  Recipient's  Signature:	nnce instructions as laid out on the OFA website. I agree appropriate payment where the required backup is not obtained. If the onths from the date issued, OFA will remit the amount to the
and follow the miscellaneous cash advatated am personally liable to repay any advance is not reconciled within six modepartment's fund 1.  Recipient's  Signature:  Expenditure Authority (PI if Restricted)	nnce instructions as laid out on the OFA website. I agree appropriate payment where the required backup is not obtained. If the onths from the date issued, OFA will remit the amount to the
and follow the miscellaneous cash advatable to repay any advance is not reconciled within six modepartment's fund 1.  Recipient's  Signature:  Expenditure Authority (PI if Restricted Printed Name:	nnce instructions as laid out on the OFA website. I agree payment where the required backup is not obtained. If the onths from the date issued, OFA will remit the amount to the Date:  Date:  Date:  Date:  Date:

Please fill out the information below and scan this form to the Office of Finance and Accounting

