

UAF Miscellaneous Cash Advance Form



Please fill out the information below and scan this form to the Office of Finance & Accounting at [uaf-ofa-cash@alaska.edu](mailto:uaf-ofa-cash@alaska.edu)

Recipient's Name \_\_\_\_\_

UA ID Number: \_\_\_\_\_

Date Funds Are Needed: \_\_\_\_\_

UAF Department: \_\_\_\_\_

Dates of Event: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Accounting (Fund/Org): \_\_\_\_\_ / \_\_\_\_\_

- Direct Deposit
- Mail to Department | Address: \_\_\_\_\_
- Pick Up | Phone # or Email: \_\_\_\_\_

Describe the purpose of the advance and why normal methods of procurement are not suitable:  Special Requests and Explanation:

_____	_____
_____	_____
_____	_____
_____	_____

By signing below, I, the recipient of this cash advance, understand it is my responsibility to read and follow the miscellaneous cash advance instructions as laid out by the OFA website. I agree that I am personally liable to repay any payment where the required backup is not obtained. If the advance is not reconciled within six months from the date issued, OFA will remit the amount to the department's fund 1.

Recipient's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Fiscal Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean, Director, or PI Authorization** (PI if restricted funds are used)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of Finance and Accounting Approval**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Over \$2,500.00 Finance and Accounting Approval**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For AP: 0259 – 103010

If MCADV is over \$10,000.00 VC Initial Here: \_\_\_\_\_