MILLSAPS COLLEGE
ADVANCE REQUEST FORM
(used to request funds PRIOR to an event)

Date: _____

SUBMIT TO: **Accounts Payable Office**

MAKE CHECK PAYABLE TO:

_____

ADDRESS: _____

_____

AMOUNT OF CHECK TO BE ISSUED: $_____

FOR EXPENSE INCURRED ON: (Date of event or travel) _____

GL ACCOUNT NUMBER: _____

EXPLANATION OF EXPENSE: _____

_____

_____

Requested by: _____

Signature: _____

Department Head Approval: _____

By signing I agree to clear the advance within 15 days of the event date
Failure to comply with policy could result in expense being disallowed and/or being recognized as taxable income to the employee.