

REQUEST FOR CASH ADVANCE

SECTION A - CUSTODIAN INFORMATION

Name: _____ (Last) _____ (First)

ZPID or MSU NET ID #: _____

Department: _____ College: _____

Department Address: _____

Dept. Phone # Ext: _____ Email: _____ Unit Code: _____

Faculty/Staff _____ Graduate _____ Undergraduate _____ Other _____ Resident Alien _____ Non Resident Alien _____

SECTION B: TYPE OF ADVANCE (please check one box)

VOUCHER PROCESSING ADVANCE: (360 ADMIN BUILDING)	CASHIER'S OFFICE ADVANCE: (110 ADMIN BUILDING)
<input type="checkbox"/> Imprest	<input type="checkbox"/> Open Ended (Operational)
<input type="checkbox"/> Research Participants	<input type="checkbox"/> Events

SECTION C: ACCOUNT(s) TO BE CHARGED (This section is for planning purposes only.)

DEPARTMENT NAME	UNIT CODE	ACCT #	OBJ CODE	AMOUNT	***ADVANCE NUMBER***
			TOTAL		

SECTION D - PROJECT INFORMATION

Name of Project: _____ Project Number: _____

Beginning Date of Project: _____ End Date of Project: _____

Purpose of Project:

Date Amount will be repaid: _____

Note: Advances for Research Participants and Events must show activity every 120 days, Imprest funds every year and Open Ended advances every three years.

SECTION E - ACKNOWLEDGMENT AND SIGNATURE

THE UNIT ADMINISTRATOR AND CUSTODIAN ACKNOWLEDGE THAT THEY HAVE READ AND ARE AWARE OF THE FOLLOWING RESPONSIBILITIES. ANY PENALTIES OR INTEREST INCURRED AS A RESULT OF LACK OF ADHERENCE TO THE FOLLOWING WILL BE THE RESPONSIBILITY OF THE DEPARTMENT.

- PAYMENTS IN ANY AMOUNT TO A NON-RESIDENT ALIEN MUST BE REPORTED TO THE IRS. YOU WILL NEED TO RECORD THE NAME, HOME ADDRESS AND THE TAX IDENTIFICATION NUMBER OF THE PAYEE ON THE REIMBURSEMENT VOUCHER.
- PAYMENTS TOTALING \$600 OR MORE (EITHER INDIVIDUALLY OR CUMULATIVELY) DURING A CALENDAR YEAR MAY BE REPORTABLE TO THE IRS. YOU WILL NEED TO REPORT THE NAME, ADDRESS AND TAX IDENTIFICATION NUMBER OF THE PAYEE ON THE REIMBURSEMENT VOUCHER.
- WE HAVE READ AND UNDERSTAND SECTION 60 (CASH ADVANCES) OF THE MSU MANUAL OF BUSINESS PROCEDURES AND THE RELATED RULES AND PROCEDURES.

Custodian Signature _____ Print Name _____ Date _____

Unit Administrator or Unit Administrator Designate Signature - Senior to Custodian _____ Print Name _____ Date _____

SECTION F - FOR CONTROLLER'S OFFICE USE

CONTROLLER'S OFFICE APPROVAL	CONTRACTS AND GRANTS APPROVAL
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