

**RESEARCH PARTICIPANT
CASH ADVANCE FORM (CAF)**

Attach completed form to Internal Billing document.

Completion and submission of this signifies acknowledgement of policy and procedures outlined in Section 61 of the Manual of Business Procedures.

Name:

MSU NET ID #:

Department:

College:

Department Address:

Phone #:

Email:

Faculty/Staff

Graduate

(Check One)

Name of Project:

Start Date of Research Participant Project:

End Date of Research Participant Project:

Purpose of Research Project:

Amount of Advance: \$

Account Number:

Date Amount Will Be Repaid/Reconciled:

Note: Advances for Research Participants must be reconciled every 90 days.