**Advance Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Cheque payable to |       |
| Address |       |
| Town/City |       | Postal Code |       |
| E-mail address |       |
| Name of event(If applicable) |       | Date of event |       |
|  |  |
| Purpose of advance |       |
| Amount of advance requested  | $      |  |
| Date cheque required |       |  |

|  |  |
| --- | --- |
| [ ]  | Yes, I would like confirmation of cheque mailing date |

|  |  |  |  |
| --- | --- | --- | --- |
| Claimant’s signature |       | Date |       |

After the event is completed and/or invoices received, the appropriate itemized Expense Claim Form and receipts must be submitted within 45 days after the event.

If you spend less than the advance, return the unused portion of the advance with your Expense Claim Form.

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| THIS SECTION FOR OFFICE USE ONLY |
|  |  |
| Approved by |       |
|  | Dept./Committee Chair |
|  |       |
|  | Date |
|  |  |
| G/L# | 1050 |
|  |  |