

# ADELPHI UNIVERSITY

## Check **ADVANCE** Requisition

(Note: Not to be used for Travel Reimbursement) Date: \_\_\_\_\_

Check Payee: \_\_\_\_\_ ID # \_\_\_\_\_

Telephone/Extension (Check must be picked up in person with photo id): \_\_\_\_\_

Reason for Disbursement (attach back-up): \_\_\_\_\_

Travel Date (back-up must show dates): Start \_\_\_\_\_ End \_\_\_\_\_

Date needed by (No more than 7 days prior to travel date): \_\_\_\_\_

Special Remarks: \_\_\_\_\_

Account Number	Amount
	\$
	\$
	\$
<b>Total</b>	\$

**For Accounts Payable Use Only**

**Reviewed for:**

- Authorization**
- Documentation**
- Business Purpose**
- Coding**
- Math Accuracy**

**By:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

All Cash Advances must be accounted for within date specified on release form and in accordance to Adelphi University Policy.

**Voucher#**