BIOLA UNIVERSITY

CASH ADVANCE REPORT (with U.S. currency items only)

Do not use this form to request reimbursement without an outstanding cash advance

Payee's Name: _____ **Biola ID #** _____ **Social Security#:** _____
(Required only for non-Biola students/employees)

Dept Name: _____ **Banner Fund:** _____ **Banner Organization:** _____

Business Purpose of Expenses/Event Name: _____

Check disposition (if reimbursement is applicable: total expenditures amount exceeds cash advance amount):

Mileage rate after:

☐ When reimbursement check is ready, please mail to: _____ Jan. 1, 2018=

☐ When paperwork is processed, please reimburse me via direct deposit. I have already set up direct deposit with Accounts Payable that is separate from my payroll. $0.545 per mile

☐ Special request. Please specify: _____

DATE	DESCRIPTION	Other	Supplies	Food/ Meals	Phone	Postage/ Mailing	Seminar/ Registration	Hotel/ Lodging	Travel/Gas/ Parking	PERSONAL CAR	
										Miles	Amount
		71200	71510	72200	72000	71520	71500	71532	71532		
											$ 0.000
											$ 0.000
											$ 0.000
											$ 0.000
											$ 0.000
											$ 0.000
											$ 0.000
											$ 0.000
											$ 0.000
											$ 0.000
											$ 0.000
	COLUMN TOTALS	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Requestor's Signature: _____ Biola ID# _____

Dept Approval Signature: _____ Biola ID# _____

Vice President Approval: _____

Budget Approval: _____

TOTAL EXPENDITURES	$ 0.00
LESS CASH ADVANCE AMOUNT	
EXCESS CASH/REIMBURSEMENT	$ 0.00

ATTACH ORIGINAL RECEIPTS SUPPORTING ALL EXPENSES