

NEW: CASH ADVANCE FORM

NAME, ADDRESS, UIN OF STUDENT PICKING UP THE FUNDS.

Option of CASH or CHECK issued to student listed.

\$2500 or more issued in CHECK only.

Photo ID must be presented when funds are picked-up.

Advance is to be reconciled in 5 business days. A spreadsheet listing expenses must be submitted with original receipts for goods purchased. Receipts must reflect purpose stated on Cash Request Form.

USE CASH ADVANCE:

PETTY CASH (change funds)

TRAVEL MONEY

INCIDENTAL EXPENSES

GROCERY SHOPPING (Sam's Club)

CAN NOT USE CASH ADVANCE:

PAYMENT OF SERVICES

RENTALS

PRIZES

AWARDS

GIFT CERTIFICATES

GIFTS CALUED OVER \$100

MEMBERSHIP OE DUES

NO ALCOHOLIC BEVERAGES



Account Number

--	--	--	--	--	--

Sub-Account Number

--	--	--	--	--	--

Date (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--

Cash Advance Form

Student Organization Finance Center

Texas A&M University

P.O. Box 5688 Aggieland Station

College Station, TX 77844-9081

Campus Mail Stop 1236

Student Organization Name:

Voucher #:

E

SS# or UIN#

Custodian: (Name, Address, City, State, ZIP, Phone)

Purpose of Cash Advance:

- Processing will take one business day except when there are vendor problems, incomplete expenditure form, or other problems not in our control.
- **ORIGINAL** receipts and Expense spread sheet must be submitted within 5 days for all expenditures.
- Cash advances may not be used to pay for tangible gifts greater than \$100, services, prizes, awards, gift cards, memberships, or dues.
- Shaded areas are required fields.

Description of Goods or Services	Object Code	AMOUNT
Clothing	5756	
Food	4015	
Items for Resale	6911	
Membership	5210	
Office Supplies	4017	
Other Expenses	6337	
Payment for Services(1099)	5453	
Rent	5880	
Travel	3420	
Utilities	5025	
	TOTAL	

I certify that this money is to be used as outlined above and that **NO ALCOHOLIC BEVERAGES** are included in this purchase.

CUSTODIAN MUST PRESENT PHOTO ID.
Funds will only be released to custodian.

Organization

Comments:

Whole dollar amount only

Printed Name of Student Organization Leader

Phone Number

Student Organization Leader Signature

Date

SOFC Comments:

Faculty/Staff Advisor Signature

Date

Additional Signature as Needed (i.e. Area Coordinators, purchases for \$2,500.00 or over, Student Government, etc.)

Date

Privacy Policy "State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."