

UPAY# \_\_\_\_\_

## Agent Request for Advance

### AGENT INFORMATION

Name \_\_\_\_\_ Emp ID \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_

### CONTACT PERSON

Name \_\_\_\_\_ Phone \_\_\_\_\_

Agent Accounts Receivable

Company Cost Center Number \_\_\_\_\_

Company Cost Center to Charge After Expenses Filed \_\_\_\_\_

Group Name \_\_\_\_\_ Activity \_\_\_\_\_

Number of Participants \_\_\_\_\_ Dates of Activity \_\_\_\_\_ to \_\_\_\_\_

*Notify the Controller's Office if these dates change*

### Estimate of Expenses

*Category* *Estimated Amount*

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

Amount of Requested Advance \$ \_\_\_\_\_

Date fund must be available \_\_\_\_\_ Contact for Check Pickup \_\_\_\_\_

Telephone \_\_\_\_\_

### Required Signatures

\_\_\_\_\_  
Agent Signature Date

\_\_\_\_\_  
Dean/Director/Department Chair (cannot be the same as the agent) Date

Return to Controller's Office, ADMN 316

Keep copy for file