



**SAINT MARY'S COLLEGE
CASH ADVANCE REQUEST**

All Items With an * Must Be Completed

*Check One:

Mail E-Check (For E-Check, visit GaelXpress to enroll)

Hold for Pick Up

Vendor#:

Voucher#:

Date needed (only if urgent) _____ **NOTE: Must hand directly to an AP employee**
Normal processing: 7 to 10 business days; may be longer if incomplete

*Payable to *Amount

Address City State Zip Code

*Reason for Issuing

*Departure Date *Return Date

*Department *GL Number *Amount

Advance GL Code (for Bus Office Use Only)

*****IMPORTANT INFORMATION*****

YOU MUST LOG INTO GAELXPRESS TO ENROLL IN DIRECT DEPOSIT. EVEN IF YOU HAVE PREVIOUSLY SIGNED UP THROUGH PAYROLL

Please review the Cash Advance Policy prior to completing and submitting the Cash Advance Request Form.

Procedure:

- A. Indicate the amount of the travel advance desired on the Travel Advance Request Form. The minimum request is \$100.00.
- B. Please be sure to enter the Departure and Return dates. Omitting these dates will cause delays in processing the advance.
- C. All advances must be reconciled within fifteen calendar days after the completion of the trip. If the expenses are less than the amount of the advance, the difference should be sent to the Business Office and the original receipt attached to the Travel and Expense Form when reconciling.
- D. If a second trip is anticipated and advance desired, the completed trip must be reconciled before the new advance will be released unless otherwise arranged with the Business Office.

By signing below, I agree to repay this advance in full to SMC prior to the due date. Should this advance, or any portion of it, remain unpaid beyond the due date, I hereby agree that the College may recover the amount outstanding by payroll deduction from one or more of my compensation payments to be received subsequent to the due date. I further consent to each deduction necessary to repay the amount owed.

*Recipient's Signature _____

*Approver Signature _____

*Printed Name of Approver _____