REQUEST FOR CASH ADVANCE

West Virginia State Auditor's Office
1900 Kanawha Boulevard, East
Building 1, Room W-100
Charleston, West Virginia 25305
Telephone: 304-558-2251
Fax: 304-558-5200
www.wvsao.gov

Department:_____ Dept #:_____

Vendor Name:_____ Vendor #:_____

Vendor Address:_____

Date(s) of Travel:_____ to _____ Travel Destination:_____

Purpose of Advance:_____

Accounting Information: Fund Org Line Item

Estimated Costs

Meals: _____

Mileage:

# of miles ___ _____
total miles

Other (*Specify*):

_____ _____

_____ _____

Total: $_____

Important Information

No advances will be issued for ANY expense that can be placed on a P-Card.

Additionally, any advance meal requests MUST be accompanied by the appropriate GSA rate information which can be found at www.GSA.gov.

I understand that cash advances are to be used for State business only and for the sole purpose indicated above. Any unused funds shall be deposited to the appropriate State fund from which it is drawn within thirty days of the last day of the event/travel for which it was requested. Itemized receipts must be maintained and submitted to the State Auditor's Office to settle the cash advance within fifteen days of the event/travel. Cash advances which are not settled with the State Auditor's Office within thirty days shall result in termination of the agency's cash advance privileges. I hereby agree to the aforementioned items of the cash advance request.

Payee Signature:_____ Date:_____

Supervisor Signature:_____Date:_____

Agency Head Signature:_____Date:_____