



Advance # _____

Employee Name: _____ Employee # _____
(must be full-time employee)
Department/Address: _____
Department Contact Name: _____
Contact Phone Number: _____
List Any Advances Outstanding: _____
(Date Received and Amount) _____

FOAPAL:
Date of Request: _____
Date Required by: _____
Date to be accounted by: _____
Amount Required: _____ Canadian Currency Only
Accountable Advance Payable to: () Employee Name: _____
() Student Name: _____
Pay Through Bank: _____
Purpose of the funds requested: _____

Table with columns F, O, A, P, A, L and value 7,600,001

I understand these funds are to be used in accordance with the University's Petty Cash policy #305 and/or University Travel policy #317.

Authorized Signature (One-Over-One) _____ (Please print) _____ (Signature)

Authorized Signature on FOAP _____ (Please print) _____ (Signature)

Please send to: Travel Services - 405 Admin Bldg or fax: 474-7925

Comptroller's Office Approval _____

If you have any questions regarding a submitted Foreign Accountable Advance please contact Travel Services at 474-7960.
* The 760001 Account must be used to initially set-up the advance. The appropriate Account can be charged when the Advance has been accounted for through the submission of a Foreign Accountable Advance Reconciliation Form.