

UNIVERSITY OF WISCONSIN – OSHKOSH CASH ADVANCE REQUEST

Submit in duplicate to Dick Hackbarth in Financial Services. One copy will be returned to the requestor.

Date: _____ Type of Advance: Temporary Permanent

Name of Department: _____

Purpose/Justification:

AMOUNT REQUESTED: _____

Date Needed by: _____

Date to be Returned : _____

Individual handling cash advance: _____

Signature of responsible individual: _____

For Accounting Office use only

_____ Approved _____ Not Approved _____ Asst. Controller

Comment _____

Date check issued _____ Check # _____ Amount _____

Date advance revised _____ Date advance returned _____