

UNIVERSITY OF WISCONSIN – OSHKOSH CASH ADVANCE REQUEST

Submit in duplicate to Office of
The Controller. One copy will be
returned to the requestor.

Date : _____ Type of Advance: ___ Temporary ___ Permanent

Name of Department: _____

Department Code: _____

Purpose/Justification: _____

AMOUNT REQUESTED: _____

Date needed: _____ Date to be returned: _____

Individual handling cash advance: _____

Signature of responsible individual: _____

For Accounting Office use only

___ Approved ___ Not Approved _____
Controller

Comment

Date check issued _____ Check # _____ Amount _____

Date advance revised _____ Date advance returned _____