



THE UNIVERSITY AT ALBANY FOUNDATION

Request For Advance Form

Name of Payee:	Social Security #:
Title:	Name of Department:
Campus Address:	Campus Phone #:
Home Address:	
Purpose of Advance:	
Date Needed:	Requested Amount:
Account Name:	Account Number:
Fund Manager's Name:	
Campus Address:	Campus Phone #:
Fund Manager's Signature: _____ Date: _____	
AGREEMENT	
In consideration of the amount advanced to me, I hereby:	
1) Agree to account promptly and completely, no later than 30 days from the date of the advance, with original receipts.	
2) Agree to return unused funds and complete a deposit transmittal.	
3) Understand that IRS regulations require that unaccounted for advances be treated as salary subject to income taxes.	
Signature of Advance Recipient: _____	
Date: _____	
FOUNDATION USE ONLY	
Date: _____ Authorization: _____ Account #: _____	