|  |  |
| --- | --- |
|  | **Cash Advance Request** |
|  |
| **For Processor Use Only** |
| Cash Advance ID *(10 digits)*: |  |
| Entered By: |  | Date: |  |
|  |
| **General Information** |
|  |
| Business Unit *(5 digits)*: |  | Employee ID *(11 digits)*: |  |
| Employee Name: |  |
| Description: |  |
| Business Purpose: |  |
| Comment: |  |
| Reference: |  |
| Travel Dates: |  |
| Travel Authorization *(10 digits)*: |  | *(if applicable)* |
|  |
| **Details** |
| Source | Description | Amount |
| System Check |  |  |
| System Check |  |  |
| System Check |  |  |
| System Check |  |  |
| System Check |  |  |
|  | Advance Amount: |  |
|  |
| **Certification / Approval** |
| The employee certifies the advance requested is related to estimates of expenses to be incurred by the employee on official business of the Commonwealth of Virginia and include only such expenses necessary in the conduct of that business, and the advance will be repaid in accordance with policies/procedures outlined in CAPP Topic 20336.  |
|  |  |  |  |  |
| Employee / Traveler Signature | Employee / Traveler Name | Date |
|  |  |  |  |  |
| Supervisor Signature | Supervisor Name | Date |
| *Must be signed by Traveler and Supervisor before receiving Cash Advance.* |