

CASH ADVANCE INFORMATION

THIS FORM IS TO BE TURNED IN TWO (2) WEEKS PRIOR TO TRAVEL.

Will your advisor be traveling with your organization on this trip? _____ Yes _____ No*

*If no, your organization is not eligible for cash advance funds.

Organization's Name _____

Faculty/Staff Advisor Name _____

(First)

(Last)

Advisor Home Address _____

Advisor Social Security Number* _____ - _____ - _____

*Mandatory. This information is used for IRS tax reporting purpose, K.S.A. 76-725, I.R.S Code 6109 (a)(2)&(3)

Travel Destination _____

(City)

(State/Country)

Reason for Travel (please do not abbreviate) _____

Travel Dates: Beginning _____ Ending _____

Dates of Meeting: Beginning _____ Ending _____

Number of Students* _____ *You must provide a list of all KSU students traveling on this trip.

Contact Person _____ Phone _____ E-mail _____

CASH ADVANCE BREAKDOWN:

Private Vehicle \$ _____

Lodging \$ _____

Registration Meals Included ___ Yes* ___ No \$ _____

*If yes, how many? _____ Breakfast _____ Lunches _____ Dinners

Meals \$ _____

Other Costs _____ \$ _____

Total Cash Advance Request \$ _____

☞ CASH ADVANCES MUST BE MADE PAYABLE TO YOUR FACULTY/STAFF ADVISOR. HE/SHE WILL BE RESPONSIBLE FOR DISTRIBUTING THE CASH ADVANCE TO THE ORGANIZATION.

☞ ORIGINAL ITEMIZED RECEIPTS ARE REQUIRED FOR ALL TRAVEL EXPENSES LISTED ABOVE.

☞ RECEIPTS MUST BE TURNED IN TO THE OSAS BUDGET OFFICE WITHIN ONE (1) WEEK OF YOUR RETURN DATE.

I, hereby, take full responsibility for all cash advance funds. I verify that I will be traveling with the group during this trip. In the event the cash advance cannot be repaid (lost receipts, etc.), I understand that I will be held personally responsible for the missing funds.

Advisor Signature _____ Date _____