

MARYMOUNT MANHATTAN COLLEGE

Office of Purchasing and Budget Control

EMPLOYEE EXPENSE ADVANCE REQUEST

Requested by: _____ Date of Request: _____

Amount Requested: _____ Date Check Needed: _____

Payable to: _____ Employee ID Number: _____

Purpose of Expenditure:

Account Number to be Charged: _____

Signatures:

Department Head/Division Chair	Departmental Vice President

DO NOT WRITE BELOW THIS LINE

For Business Office Use Only

Request Denied: _____ Reason: _____

Details of Prior Advance Still Outstanding (date/purpose):

Process as 2 Accounts Receivable Refunds and Advances

Checked by		AP Type	EEA
Signature VP of Finance		Term	
Date Check Issued		AR Type	02
Check Number		AR Code	EEA

This advance accounted for:

Date: _____ **Signed:** _____