STONEHILL COLLEGE

LUX ET SPES

Controller's Office

Accounts Payable Department

Tel: 508.565.1098 or 508.565.1247

Fax: 508.565.1814

Merkert-Tracy Hall | 320 Washington Street | Easton, MA 02357

STONEHILL COLLEGE TRAVEL/CASH ADVANCE REQUEST & RECONCILIATION FORM

Step 1: Request Advance

Step #1   Request Date: _____

*Fill out **STEP 1** of this form & return to Accounts Payable with the appropriate signatures to receive advance.*

Requestor: _____   Stonehill Employee ID: _____   Amount Requested _____

(Hillcard ID #)

Purpose for Advance: _____

If for Travel:

Destination: _____   Departure Date: _____   Return Date: _____

Please fill out your ORG ONLY. The Fund & Account will default to the information below when requesting for advance.

Fund	Org	Account	Activity	Business Purpose	Amount
111000		**74028**			

Requestor Signature _____   Budget Approver Signature _____

Pick Up Cash   **ACH/Direct Deposit** *(only if the requestor is the receiving the money)*

Acknowledgement of Cash Receipt (only complete during cash pick up)			
Amount Cash Received		Date Cash Received	

By signing below, you have COUNTED the cash and CONFIRMED the amount requested is the amount you received.

Confirmation Signature	By Requestor or the person picking up Cash	By Controller's Office

Step 2: Reconcile Advance

Step #2   Reconciliation Date: _____

Once advance has been spent complete STEP 2; Attach receipts, allocate & submit completed form to Accounts Payable (no signatures required).

Fund (6)	Org (4)	Account (5)	Activity (6)	Business Purpose	Amount

	Amount
Total Expense	
Less Advance	
Balance due College	
Balance due Employee	

ACCOUNTS PAYABLE USE ONLY			
DATE ___/___/___	INITIALS _____	VOUCHER# _____	REVIEW _____

rv 05.06.19