



FORDHAM UNIVERSITY

STATEMENT OF EMPLOYEE / STUDENT ADVANCES

Name: _____

Title: _____

Department: _____

Date: _____

Amount of Advance: \$ _____

I, _____, acknowledge custody of an advance in the amount stated above, for the sole purpose of transacting legitimate University related expenditures within the _____ department according to the guidelines set forth below. I understand that I am solely responsible for the proper control and accountability of this advance at all times.

I understand that this advance expires on ____/____/____ and that all documentation and remaining funds pertaining to this advance must be submitted to the Controllers Office 30 days after the expiration date in order to clear the full amount of the advance. Further, it is understood that if this advance is not cleared within 30 days of expiration, any outstanding amount will be deducted from my subsequent paycheck(s) until such time that the advance has been fully cleared or, a charge placed on my account.

1. The advance is to be used primarily for expenses incurred as a result of:

2. The advance is **NOT** to be used for purchase of personal items, memberships, subscriptions, dues, furniture, equipment, personal services of employees or non-employees, or used as a source from which checks are cashed or loans are made or as a means to avoid or bypass any established purchasing procedures.

My signature below signifies that I have received a check for the amount of advance and, that I agree to all terms stated on this document.

Employee/Student Signature: _____

Date: ____/____/____

Controller's Office use only

Controller/Associate Controller's Signature:

Date: ____/____/____

Charge to account(s): # _____