

**Shaded GRAY Areas for AP Use Only / YELLOW FIELDS - DATA ENTERABLE**

**Please staple all attachments  
receipts to top left corner.  
(No paper clips)**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator/Authorized Signature	
Authorized Signature	Date

VENDOR NUMBER: \_\_\_\_\_

Custodian:	Phone Number:
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Address Code/Seq	Address:	Department:
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City:	State:	Zip Code:
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**ESTABLISH** \_\_\_\_\_  
Contracts and Grants Approval

Fund to be Charged: \_\_\_\_\_  
IRB#: \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_

**Certification:** I understand that: (a) I am personally responsible for the advance of cash funds; (b) I will return the funds to the Cashier's Office upon request or if I am no longer employed by the University or same department; (c) I will not commingle these funds with personal funds; (d) my research subject fund is subject to audit without prior notice; (e) I agree to adhere to the University's cash policies as per the Policies & Procedures Manual; and (f) I agree the advance may be deducted from my payroll check or retirement if not repaid upon request.

\_\_\_\_\_  
Signature of Custodian

Document #:	Invoice Date:	Transaction Date:	Bank	CM	Due Date:	1099 Tax ID:
_____	_____	_____	_____	_____	_____	_____

Vendor Invoice #:	Commodity/Description	COA	Index/Fund	Acct	Amount
_____	Res. Subject Adv.	G	148502	500101	_____

**REIMBURSEMENT** (Reimbursements must be filed at least monthly)

Document #:	Invoice Date: (MMDDCCYY)	Transaction Date:	Bank	CM	Due Date:	1099 Tax ID:
_____	_____	_____	_____	_____	_____	_____

Vendor Invoice #:	Commodity/Description	COA	Index/Fund	Acct	Amount
_____	_____	G	_____	_____	_____
_____	_____	↓	_____	_____	_____
_____	_____	↓	_____	_____	_____
_____	_____	↓	_____	_____	_____
_____	_____	↓	_____	_____	_____

TOTAL: \_\_\_\_\_