The Ohio State University
Cash Advance Request Form

OSU Travel Office Use Only	
Processed by:	Date:

This form must be completed for a cash advance that was not included in the online Travel Order.

INSTRUCTIONS:

1. Traveler signature is required for check issuance.
2. Forward completed form to the OSU Travel Office (fax: 614-292-1990) for processing.
3. Expenses associated with the travel must be reconciled and substantiated in the Travel System within one month of the return date. The traveler must repay the department for any advances in excess of the approved reimbursable expenses. The department initiating the travel is responsible for depositing any excess funds into the appropriate departmental account.
4. A Dean/VP or Designee signature and supporting documentation are required for exceptions to the Eligibility Criteria below.

T Number: _____ Traveler Vendor ID: _____ (10-digit # as found in Financials System)
(Required)

Traveler Name: _____

Traveler Address: _____

_____

_____

Cash Advance Eligibility – See Travel Policy for Eligibility Criteria and select one of the following:

☐ Student Traveler
☐ Faculty / Staff Student Group Advisor
☐ Faculty / Staff International Travel (more then 30-days)
☐ Eligibility Exception* (requires Dean/VP or Designee approval signature below)

Depart Date: _____ Return Date: _____

Advance Amount: _____

_____

Check Disposition: ☐ Mail Check ☐ Hold
Options above are available to students or non-university affiliates only.
☐ Direct Deposit
Cash advances to employees are administered by direct deposit.

ORG Contact: _____ ORG Phone: _____

Chartfield:

ORG	Fund	Account	Project	Program	User Defined

*ELIGIBILITY EXCEPTION: To be completed by Dean or Vice President's Office. An exception to the eligibility criteria for a cash advance has been approved on behalf of this traveler. This exception has been logged at the College/VP level, and any additional documentation regarding this exception is attached (e.g. photocopies, traveler or department correspondence, etc.). The reason for this exception approval is as follows.

_____

_____

Dean/VP or Designee Signature: _____ Date: _____
(Required)

SIGNATURE: I acknowledge that I am receiving a travel cash advance for the amount shown above. These funds will be used in accordance with OSU Travel and Expenditure policies. Within 2 weeks of my return, I will provide the area/department an itemization of expenses, original receipts and/or documentation supporting the use of the travel cash advance. In addition, I will return all remaining funds in the form of a check or money order made payable to The Ohio State University.

I understand that if I use the travel cash advance in a manner inconsistent with OSU Travel and Expenditure Policies, or fail to provide the University with any of the above documentation and/or remaining funds; student-disciplinary or employee-corrective action up to and including termination and/or criminal action may result.

Traveler Signature: _____ Date: _____
(Required)

Traveler Printed Name: _____

AUTHORIZATION: I authorize issuance of this travel cash advance for the eligibility cited above.

Travel Order Approver Signature: _____ Date: _____
(Required)

Approver Printed Name: _____