



University Of Massachusetts
Amherst
Controller's Office Advance Request



Present this completed form along with the **Invoice, Disbursement Voucher, and Travel Authorization (If applicable and > \$2,000)** [\(IF this is a travel advance for < \\$2,000, please use the Bursar's Travel Advance Request Form.\)](#) to the Controller's Office, 405 Goodell., at least 10 working days prior to the date when funds are needed.

Name _____ **Employee #** _____
Last Name, First Name (Please type or print)

Amount of Request: _____ **Speed Type:** _____ **Authorization #T:** _____

Department: _____ **Building:** _____ **Telephone #:** _____

Account: _____ **Fund:** _____ **Dept. ID:** _____ **Prg:** _____ **Class:** _____ **Proj/Grt:** _____

Controller's Office Advance Requirements

1. Advances will be given to employees paid regular compensation in Subsidiary AA and will be made directly from the general ledger of non-State fund accounts only.
2. A travel expense voucher or other appropriate documentation for settlement of the advance must be submitted to the Controller's Office within 10 days after the completion date of a trip or event.
 - a. If the total expenses are less than the amount of the advance, the difference must be repaid by check to the University and sent along with the expense documentation.
 - b. If the total expenses are greater than the amount of the advance, a disbursement voucher should also be sent to reimburse the difference to the individual.
3. If a trip is or event is cancelled, the advance reimbursement is due immediately by check to the University and must be sent to the Controller's Office with a copy of the initial disbursement voucher and a memorandum stating the advance is not needed.
4. If the settlement becomes 60 days delinquent, the employee's pay will be reduced by the outstanding advance amount. The employee will not be allowed to receive advances from the University until the pending advance is settled. |
5. For Human Subject advances, the employee will only be reimbursed for amounts paid to an individual for \$100 or less in a calendar year.

I accept this advance with the understanding that I will comply with the above requirements.

I further authorize the University to retain my paycheck or cancel my direct deposit if the above requirements are not complied with.

Signature: _____

For Official Use Only

Date: _____ **Return Date:** _____

Destination: _____ **Imprest #:** _____