



Temporary Petty Cash Advance Form

Name _____ Employee ID# _____
(Last) (First) (M.I.) Department # _____

Reimbursement Contact: _____ Phone: _____
(Employee to issue repayment to CTS if different from above)

Do Not WRITE IN THIS SPAC
Amount _____
Invoice/Check # _____
Due Date _____

Student Travel Research Study Other

Payment Method:

Direct Deposit Have check mailed to the following address:

From _____ To _____ Destination _____
(Date) (Hour) (Date) (Hour)

Meal Per Diem _____ X # of days _____ = \$ _____ + other expenses _____ = \$ _____

If other out of pocket expenses are claimed, please explain here:

Total Amount Requested: _____

Purpose of Advance: _____

Approved By:

(Signature of Dept. Head/Director)

(Printed name of Dept. Head/Director)

I am requesting the advance amount listed above. I recognize that payment is due within 30 calendar days of the issue date.

Signature of Employee Date

For direct deposit, please allow five business days to process your request.

Repaying an Advance

For repayment process a voucher in BuyWays made payable to Clemson University-Cash and Treasury.

Date: _____