



UNIVERSITY OF SOUTH CAROLINA
FOUNDATIONS

ADVANCE REQUEST FORM

Name of individual requesting advance: _____

Purpose (include description of benefit to the University/Department):

Reason for advance (why routine reimbursement procedures are inadequate for above stated purpose):

Please initial after each statement if you understand and agree with the following:

I am personally responsible for the entire amount of the advance.

Any unused funds will be returned within five business days.

Any funds not returned to the Foundation will be considered taxable income to me.

Any vendor that can be paid directly by the Foundation will NOT be paid with advance funds.

Gifts/registration/fees/other monies collected by a department CANNOT be refunded with advance funds.

I understand that the Foundations require I submit original receipts and complete meals/business cultivation or travel forms when applicable. These forms shall include all information that would be required for a standard check authorization. Meals/business cultivation forms will include the time, date, location, number of attendees as well as their names and titles. Travel expense forms will include departure, arrival dates and times as well as all original receipts I have stayed within the established dollar limits for each activity/event.

I certify that the expense(s) are ordinary and necessary business expenses of the University, that they have not or will not be reimbursed from any other source.

Another advance will not be issued until the outstanding advance has been cleared.

Signature: _____

Date: _____

SSN#: _____

Expected date funds will be returned: _____