

## Advance Request

University Enterprises Corporation  
 Phone: 909-537-5918  
 Fax: 909-537-7036

Payee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

**Requested advance amount\*:** \_\_\_\_\_ **(Detailed schedule must be included.)**

Total projected cost: \_\_\_\_\_

- \* Advance limit for employees and Principal Investigators is 75% of total projected cost.
- \* Students are eligible for advance amounts up to 100% of total projected cost.

Cost Allocation:

Account	Fund	Dept	Program	Class	Project	Amount

Reason for advance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please notify \_\_\_\_\_ at Ext. \_\_\_\_\_ when the check/s is/are ready.

I understand that this is an advance and that upon my return I will submit a Travel Expense Claim form or reconciliation log.

**Payee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Approver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UEC-Sponsored Programs:** \_\_\_\_\_ (Budget verification/Approval)

**UEC-Staff-Supervisor:** \_\_\_\_\_