

Agent Request for Advance

University of Arkansas – Controller’s Office – Administration Building Room 310

AGENT INFORMATION

Name _____ Employee ID _____

Campus Address _____ Phone _____

Department _____

CONTACT PERSON _____ Phone _____

Agent Accounts Receivable Company Cost Center Number _____

Company Cost Center to Charge after expenses filed _____

Group/Research Name _____ Activity _____

Location of activity (City, State, Country) _____

Explanation for request

Number of participants _____ Dates of Activity _____ to _____

Estimate of Expenses

Category	Estimated Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
Amount of Requested Advance \$ _____	

Date fund must be available _____
(Check must be picked up within 3 business days-ADMN 321)

Contact for Check Pickup _____ Phone _____

By signing below, I certify that I have read and understand [Fayetteville Policy and Procedure 332.1](#) on Agent Advances.

Required Signatures

Agent Signature

Date

Dean/Director/Department Chair (cannot be the same as agent)

Date