



UNIVERSITY OF WASHINGTON

REQUEST FOR FIELD ADVANCES

FINANCIAL SERVICES, BANKING & ACCOUNTING OPERATIONS

Date

Send To: Field Advances, Box 351120

Contact Name

Administrator Name

Department

Box Number

☐ I request a field advance in the amount of \$ _____☐ I am assuming custodianship of the following outstanding field advance:

Name of current custodian _____ Amount \$ _____

This money is issued for: (Describe here how the money is to be spent and the destination.)

BANKING INFORMATION

☐ Yes ☐ No Field advance funds will be deposited into a bank account.**If Yes:** ☐ **In Washington**☐ Wire to bank outside Washington - complete Field Advance Banking Information form☐ **Outside Washington** complete Field Advance Banking Information form.**If No:** ☐ Funds will be converted into cash or cash equivalents (e.g. checks, debit/gift cards, traveler's checks, money orders).

Expenditures will be charged to Budget Number(s): _____

The advance is required from the dates:

From: (Beginning date for advance) _____ To: (Ending date for advance) _____

An accounting of expenditures will be submitted to Banking & Accounting Operations no later than 30 days following the ending date for the advance.

Enter date final accounting will be turned in _____

The individuals designated as custodian is identified below and acknowledges the following statement as indicated by their signature:

I certify that I have read and agree to comply with the Field Advance procedures. I understand that any unauthorized expenditure by me of funds advanced to me may be considered misappropriation of public funds. Furthermore, if I am assuming custodianship of another individual's field advance or directing that the field advance be payable to an individual other than myself, I understand that I am responsible for properly reconciling the entire amount of the field advance outstanding.

Signature of Custodian _____ Print Name _____

Please make check payable to: _____

Indicate payment type: ☐ Check ☐ WireOr call for pick up:
(Enter name of contact
to call for pick up.) _____

Mail the check to Box: _____

Enter phone number
of contact: _____

APPROVAL

Department Head or Principal
Investigator Approval Signature
(must be different than custodian)

Print Name _____

Financial Services
Approval Signature _____