

**REQUEST CASH ADVANCE
FOR PURPOSE **OTHER THAN**
RESEARCH PARTICIPANT PAYMENTS**

TO BE COMPLETED BY DEPARTMENT (Please type or print)

Department Name: _____
Account Number: _____
Contact Person's Name: _____
Phone Number: _____
Total Amount Requested: _____
Denominations: _____

****Please be aware that cash funds MAY NOT be used to pay any **TTU/TTUHSC employee**. All payments to TTU/TTUHSC employees must be processed through the Payroll Office.**

****Please be aware that cash funds MAY NOT be used to pay any **nonresident alien**. Any payment to nonresident aliens must be approved by the Office of Tax Compliance.**

Please describe the purpose for the requested cash advance.

I understand that the participants receiving this cash cannot be TTU/TTUHSC employees or nonresident aliens and that these funds must be used for the purpose stated above.

APPROVALS:

Department Chair Signature

Date

Accounts Receivable—University Deposits

Date

