

**UNIVERSITY  
OF TORONTO**

**REQUEST FOR ACCOUNTABLE ADVANCE**

PAYABLE TO:	PERSONNEL NO.
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DATE:

DOCUMENT #:

ADDRESS OF PAYEE:

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CURRENCY:	AMOUNT:
<input type="checkbox"/> CDN \$	\$ -
<input type="checkbox"/> US\$	
<input type="checkbox"/> OTHER:	

BUSINESS AREA: IF OTHER THAN 1000	COMPANY CODE: IF OTHER THAN UOFT	GENERAL LEDGER ACCOUNTING VENDOR ACCT. NO.	FUNDS MANAGEMENT ACCOUNTING		COMMITMENT ITEM
			FUND	C/F CENTRE (AND /OR)	

SPECIAL INSTRUCTIONS:

MAIL

OTHER:

PURPOSE

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SETTLEMENT DATE:

**DECLARATION:**

**I have read the University's published procedure for requesting an accountable advance and agree to abide by this procedure.**

SIGNATURE OF PAYEE:

TELEPHONE NO.:

FAX NO.:

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DEPARTMENT CONTACT NAME:	DEPT.	TELEPHONE:	FAX:
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AUTHORIZED APPROVAL:

SIGNATURE	PRINT NAME	TITLE
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FINANCIAL SERVICES (2)

ORIGINATING DEPARTMENT (1)