**WILLIAM AND MARY**

**UNIVERSITY RECEIVABLES AND COLLECTIONS**

**NON-TRAVEL ADVANCE REQUEST FORM**

(Revised March 2016)

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| **OFFICE USE ONLY** |
| University Receivables and Collections Approval Signature:Date Approved: |

Request Date:

Name (Last, First):

Banner ID (93#):

Department Name:

Advance Request Amount:

Advance Purpose (required):

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Start Date: / / End Date: / /

Account Index to be charged: Date funds are needed:

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| **PROMISSORY NOTE**:I am requesting the above cited Advance from William and Mary. I understand the following:1. If the total amount of this Advance, or any additional funds received related to this Advance, is not covered by my corresponding reimbursement, I understand this Advance and any additional funds received related to this Advance must be completely repaid no later than thirty (30) days [sixty (60) days for an international program advance] from completion of the end date or immediately upon termination of my employment with the College, whichever comes first.2. I am responsible for full compliance with all College and sponsored programs (if applicable) regulations.3. I hereby authorize the College to apply my reimbursement funds to the corresponding Advance and any additional funds received related to this Advance. Any remaining funds will be refunded to me within 2-5 business days. 4. Failure to comply with the College’s regulations, resulting in disallowance of any reimbursement, in no way relieves me of the obligation to repay this Advance as stipulated.BY MY SIGNATURE IN THE ADVANCE REQUEST SIGNATURE/APPROVALS SECTION BELOW, I AGREE TO BE BOUND BY THE PROVISIONS ABOVE AND FURTHER AGREE TO ALLOW THE COLLEGE TO DEDUCT FROM MY SALARY VIA ADMINISTRATIVE OFFSET ANY PORTION OF THIS ADVANCE NOT REPAID WITHIN 30 DAYS (60 DAYS FOR AN INTERNATIONAL PROGRAM ADVANCE) FROM THE END DATE OR UPON TERMINATION OF EMPLOYMENT WITH THE COLLEGE, WHICHEVER COMES FIRST. IF THIS DEBT BECOMES DELINQUENT AND IS REFERRED TO AN EXTERNAL COLLECTION AGENCY OR TO THE OFFICE OF THE ATTORNEY GENERAL, I AGREE TO PAY ANY COST OF COLLECTION OR LITIGATION. |

Signature: Date:

Approving Authority Name:

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| **APPROVAL REQUIRED FOR GRANTS/SPONSORED PROGRAMS ONLY:** |
| Principal Investigator Name: Principal Investigator Signature: Date: Sponsored Programs Name: Sponsored Programs Signature: Date:  |

Approving Authority Signature: Date: