

For cash/traveler's checks, bring **original signed form and one copy** to Treasury Services. For University check, submit original signed form to Accounts Payable. An individual may only have one advance outstanding at any time. See instructions for details.

This form requires a Transaction Control Number. Click on any **TCN** icon on the Quick Forms web site to access a Transaction Control Number.

Name: Last Name, First Name, MI		Date: (Use format DD-MON-YYYY)	TEAR #: (Enter TCN number here)
University Person Identifier (UPI) #	Department:	University Affiliation: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Post Doc Fellow	Special Handling Instructions For Checks: <input type="checkbox"/> HOLD FOR PICKUP Checks are mailed to payee's home address on file in the HR database unless this box is checked.
Preparer's Name:		Preparer's Phone:	

Type of Advance (choose one only) --Advances may ONLY be issued seven days prior to activity or expense

<input type="checkbox"/> SHORT-TERM ADVANCE (not to exceed one month in duration) Duration of travel or expense: (Use format DD-MON-YYYY) Date From: _____ Date To: _____ Yale Business Purpose: _____ _____ Destination (if travel): _____ Date Needed By: _____ Total Amount: _____ PTAEO: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Project (7)</th> <th>Task (8)</th> <th>Award (6)</th> <th>Exp. Type (6)</th> <th>Organization (6)</th> </tr> <tr> <td></td> <td></td> <td></td> <td>034101</td> <td></td> </tr> </table>	Project (7)	Task (8)	Award (6)	Exp. Type (6)	Organization (6)				034101		<input type="checkbox"/> LONG-TERM ADVANCE (in excess of one month in duration) Duration of travel or expense: (Use format DD-MON-YYYY) Date From: _____ Date To: _____ Yale Business Purpose: _____ _____ Destination (if travel): _____ Date Needed By: _____ Total Amount: _____ PTAEO: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Project (7)</th> <th>Task (8)</th> <th>Award (6)</th> <th>Exp. Type (6)</th> <th>Organization (6)</th> </tr> <tr> <td></td> <td></td> <td></td> <td>034151</td> <td></td> </tr> </table>	Project (7)	Task (8)	Award (6)	Exp. Type (6)	Organization (6)				034151	
Project (7)	Task (8)	Award (6)	Exp. Type (6)	Organization (6)																	
			034101																		
Project (7)	Task (8)	Award (6)	Exp. Type (6)	Organization (6)																	
			034151																		

Authorizations:

Payee's Signature & Date (required):	Payee: I agree to file the appropriate University reimbursement form not later than 10 business days after my return from travel with respect to a travel advance, or in the case of an expense advance, 10 business days from the date the expense was incurred. I agree that, if I fail to submit a reimbursement form or fail to remit any balance due the University within the required time period, the outstanding advance amount may be deducted from my paycheck or from future travel or expense reimbursements.
Authorizer's Name:	Phone:
Authorizer: I certify that I have found the information associated with this advance request in compliance with both Yale policies and procedures, and the policies of any sponsoring agencies funding these activities, and hereby authorize payment.	
Authorizer's Signature & Date:	
Corporation Officer (Exceptions) Signature and Date:	
Exceptions: Exceptions to University policies require approval by the appropriate must be approved in advance and in writing by an Associate/Deputy Provost or Provost designee for the Medical School (for faculty, students and visiting scholars) or by the Controller (for staff and consultants). Corporation officer or designee.	

FOR AP/CASHIER USE ONLY

Mode of Payment: Cash: \$ _____	Traveler's Check: \$ _____	University Check: \$ _____	Total: \$ _____
Cash/Trav.Ck. Received By:	Disbursed By:	Date:	Date:
_____	_____	_____	_____
(Signature of payee or designee)			