

REQUEST FOR ACCOUNTABLE ADVANCE FORM

EMPLOYEE INSTITUTIONAL

Accounts Payable
Date Stamp

Instructions: *zV6a d'Ytjb['Vm\ UbXEd'YUgYdf]bH'*

1. Send form with original signatures to Accounts Payable, Finance Department at least 5-7 business days prior to the date that the advance is required.
2. For employee advances, please attach appropriate supporting documentation to justify the request (conference registration, flight confirmation, etc.). A properly completed and approved Claim for Reimbursement Form must be submitted to Accounts Payable within 15 days after your return.
3. For institutional advances, please attach an executed institutional agreement. To clear the advance, the institution is responsible for submitting documentation acceptable to Research Accounting.

Notes:

- Claimant is responsible for ensuring that all contemplated expenses are compliant with the [Procedure on Reimbursement of Expenses](#).
- Advances are only available for travel-related circumstances, and under no circumstances for the purchase of goods or services, the payment of awards or other remuneration.
- Advances must be cleared within 15 days of travel. An advance is a loan to the claimant until such time as a Claim for Reimbursement is submitted or the advance is repaid.
- The University will only issue an advance to employees or an institution. Advances cannot be issued to retirees, students, or any persons external to the University.
- Claimants may only have one advance outstanding at any given time.

Claimant's Name	Surname, First Name or Institution's Name		
* Mandatory - Employee #	E	Direct Deposit	Click here for Employee Direct Deposit Banking Application
Contact Details	Phone	Email (mandatory)	
Claimant's Mailing Address	Internal campus address or External address		
	City	Province/State	Postal code/Zip Country

Purpose of Expenses (please also attach agenda for conference-related travel)			
Travel Details	Destination(s)	Dates	
Advance Details	Date Required	Date Advance to be Cleared	

Estimate of Expenses (attach addendum if space below is insufficient)

Type of Expenditure				Amount	Type of Expenditure	Amount
Transport	Air	Rail	Bus		Registration Fees Attach conference details and registration paperwork	
	# of km	@ 57¢/km				Hospitality Explain
Personal Vehicle	Reason				Other Expenses Details	
Lodging	# of nights and details					Total Estimated Expenses Less Amount Paid from Other Sources Advance Requested from York University
Meals	# of days					
Taxis						

Preparer must complete all non-shaded areas. Only the specific shaded boxes are for Finance Use.

Finance Use Only	Vendor ID			Advance No. (Open item reference)		Payable in	
	Chartfield(s) to be Charged			Optional		CAD	Other
Checked by	Account	Fund	Cost Centre	Activity	Time	Location	Amount
Date	004 01						
	004 01						
	004 01						
	Total Committed						

Requester: I hereby request an advance to cover eligible expenditures in accordance with University policy. I further agree to submit the appropriate claim for reimbursable expenditures within 15 days of incurring these expenditures.

Approver: I hereby certify that I have reviewed the advance, confirmed that it is in compliance with all University policies, and that sufficient funds are available to cover the advance.

Claimant's Name (print)	Claimant's Signature	Approver's Name (print)	Approver's Signature
Title & Unit	Date	Title & Unit	Date
Prepared by (print)	Signature	Secondary Approver's Name (print)	Approver's Signature
Phone	Date	Title & Unit	Date