



The Research Foundation for

The State University of New York

### Request for Cash Advance

#### Payee Information

Payee Last Name \_\_\_\_\_ First Name (Full) \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Campus Email Address: \_\_\_\_\_

#### Cash Advance Details

Project-Task-Award to be charged: \_\_\_\_\_ IRB Expiration Date \_\_\_\_\_

Department Contact \_\_\_\_\_ Department Address \_\_\_\_\_

Department Phone # \_\_\_\_\_

| Request Date  | Purpose of Advance | Amount |
|---------------|--------------------|--------|
|               |                    |        |
|               |                    |        |
|               |                    |        |
|               |                    |        |
|               |                    |        |
|               |                    |        |
| Total request |                    | \$ 0   |

#### Payee Certification

Payee Certification:

I certify that the above is just, true and correct. I confirm that a summary of cash disbursed will be provided and any unspent funds will be returned. If the advance is being deposited into a checking account, I agree that the account will be reconciled on a monthly basis and forwarded to SPS. Please review:

Human Subjects Payment Procedure

Payee Signature \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Approved By Signature \_\_\_\_\_ Approved By Name (print/type) \_\_\_\_\_

Please forward completed (via campus mail) form to:

Sponsored Projects Services  
The UB Commons, Suite 211  
North Campus

|                |                 |             |                  |
|----------------|-----------------|-------------|------------------|
|                | Supplier number | PO number   | Date processed   |
| Invoice number | Check number    |             | Expenditure code |
| Comment:       |                 | Approved by | Date Approved    |