

UAF Miscellaneous Cash Advance Form

Please fill out the information below and scan this form to the Office of Finance & Accounting at uaf-ofa-cash@alaska.edu

Form fields for recipient information including name, title, department, and contact details.

Signature and date line for the recipient.

Signature and date line for the department head or supervisor.

By signing below, I, the recipient of this cash advance, understand it is my responsibility to read and follow the miscellaneous cash advance instructions as laid out by the OFA website. I agree that I am personally liable to repay any payment where the required backup is not obtained. If the advance is not recorded within six months from the date issued, OFA will remit the amount to the department's fund 1.

Signature and date line for the recipient.

Signature and date line for the department head or supervisor.

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Section for IF MDADV is over \$10,000 with a critical care line.