

|  |
| --- |
| **Date received in Business Office**\*\*Must be 2 weeks prior to Date Advance Required**\*\*** |
|  |

**(Must be received in BAO 2 weeks prior to Date Required)**

**OPERATING ADVANCE REQUEST Please upload to FAST-CAS secure upload**

 **https://fast.pdx.edu/secure-upload**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PSU ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email/phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advance Repayment Due Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(must be within 90 days of advance date)IRB # & Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| ***Business Affairs Use and Approval Only*** |

Banner Doc # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name Title |

 |

|  |  |
| --- | --- |
| **Charge Department Index Code \_\_\_\_\_\_\_\_\_\_\_** | **If GRANT - RSP Approval Required** |
| Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name Title |

|  |  |  |  |
| --- | --- | --- | --- |
| **Operating Advance Index-Acct** | **Advance Amount Requested** | **Project Begin Date**  | **Date Advance Check Needed** |
|  **OPA001-A3150** |  |  |  |
| **Business Purpose of Operating Advance - including detailed description** *\*\*Budget attached\*\**-- Example: Incentive payments for 20 participants @ $20 each = $400 ---- This form is not used for individual Travel Advances, however, it is used for Group Travel Advances when necessary. –**-- A copy of this request for advance is required to be attached to the final reimbursement request form. --** |

***Receipt is hereby acknowledged of an advance from PSU funds as follows:***

1. Amount advanced to be used to meet expenses requiring immediate cash payment. This advance will not be used for items that can be prepaid through a university account or paid by procurement card or travel card. In no case are the funds to be used for personal business.
2. I understand that this Departmental Operating Advance is not a loan and that these funds are to be used solely for the purpose of defraying reimbursable expenses while on state business. I understand that using the funds for any other purpose may be considered a financial irregularity. Oregon Revised Statute 293.26 states that “Except as otherwise specifically provided by law, the Secretary of State shall require all persons who have received any moneys or property belonging to the state and who have not accounted therefore to settle their accounts and to return the moneys or property to the state.”If I fail to submit an approved reimbursement and/or repay any remaining portion of this advance within 60 days after the due date, I understand and agree that the matter will be referred to the PSU Office of Business Affairs, that an account receivable will be created in my name, and that any and all legally permissible methods may be taken to recover the amount due, including the withholding of other amounts due to me by Portland State University (other than employee wages).
3. In the event of my termination of employment with Portland State University, prior to repayment of this advance, I authorize the PSU Office of Business Affairs to endorse and sign on my behalf all checks and vouchers payable to me if it is necessary to reimburse Portland State University for any advances made to me through this revolving fund.
4. It is my responsibility to safe keep this advance, and I assume responsibility for any loss incurred.
5. If the applicant receives direct deposit for reimbursements, this advance will be automatically deposited into the account indicated on the ACH payment form.

|  |  |  |
| --- | --- | --- |
| **Signature of Applicant** | **Department Head Approval** | **Advance Check Received by -OR- ACH - no 2nd signature required** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant Date**\*\*Must be signed when check is received\*\*** |