

COPPIN STATE UNIVERSITY OFFICE OF THE CONTROLLER WORKING FUND ADVANCE REQUEST FORM

ALL ADVANCES ARE BASED UPON FUND AVAILABILITY

NAME	ME		SSN	DATE	DATE	
AMT REQUESTED AMT GRANT		NTED WF CK #				
ID #	SALARY	CR	TRAVEL	OTHER		
JUSTIFICATION						
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* No future * advances a * or receipt * forwarded	advances will be are not submitted s are not submit to the Maryland	state Cent	documentation for cing Fund advance i date, the account cral Collectons Uni	**************************************		
* tions fees	s will be assess	ed to the p	cecipient. ********************	*		
К		. .				
Controller's Office A	pproval Da	te	Recipient's Signa	ture	Date	

<u>Salary Advances</u> - By the recipient's signature, the Controller's Office is authorized to retain the payroll check due the recipient for the next pay period and the check will be properly endorsed by the recipient. Certification by the payroll department is below. If you have direct deposit, you will have to write a post dated check made payable to Coppin State University.

<u>Travel Advances</u> - Proper reimbursement documentation (original receipt) is due in the Controller's Office immediately after completion of the trip. Receipts for disbursements must be submitted to the Working Fund Custodian. Travel advances will be made based upon current Working Fund procedures.

<u>Other</u> - All other emergency expenditures are approved based upon availability of funds. Original receipts must be returned by the date specified above.

	SALARY ADVANCE	AUTHORIZATION
Employee		SSN
Next paycheck due		Gross on next paycheck
Payroll department authorization		

BCWF.02 Revised 12/2009