

Cash Advance Request Form

Use this form to request cash advances for sponsored programs. Please complete the form sections in order as they appear on form and answer all fields in a section before moving on to the next. Please submit the completed form to SponsoredPrograms@unc.edu.

The [Office of Sponsored Programs](#) will return the signed form back to the Department contact. If the request is approved, the department will upload the approved form for campus voucher submission in ConnectCarolina. For more information see the [Guidance on Study Subject Payments](#).

Department Information

Department:	621100	Project ID:	5102345
Department Contact:	John Doe	Contact Email:	johndoe@unc.edu
Department Reconciliation Contact:	Janette Doe	Reconciliation Contact Email:	janettedoe@unc.edu

Cash Advance Information

Use of Cash Advance:	Subrecipient Payment(s)	Total Amount Requested:	100
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Chartfield String for Advance

Fund	Source	Account	Dept. ID	Project ID
25210	49000	559510	621100	5102345
PC Business Unit	Activity	Amount	Cost Code 1	Cost Code 2
CHOSR	1	100		

Provide a justification for why a cash advance is necessary.

Pay study participants for study xyz.

Is this for a foreign entity? Yes No

Agreement

I, the Principal Investigator, Jane Doe understand that the \$ 100 is an advance of University funds made to the department to make payments for purposes authorized by University policies. I understand that my department and I are responsible for reconciliation of expenses in the University financial system. We agree to provide appropriate documentation for cash advance reconciliation within **90 days of the issuance of the advance payment**. We will follow all applicable requirements outlined in the [Office of Sponsored Programs' Operating Standard & Procedure - 500.14 - Cash Advance](#).

In the event of the misuse of funds or spending above the advance amount, or untimely reconciliations, [Accounting Services](#) and the [Office of Sponsored Programs](#) is authorized to seek funds from the department to replenish University funds and may report the department to the [Office of Internal Audit](#). I acknowledge that any suspected fraudulent activity will be sent to the [Office of Internal Audit](#) and [UNC Police](#). I have read this agreement carefully and agree to its terms and conditions.

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Signatures

*This completed, signed and approved form must be attached to the cash advance voucher by the department. The voucher must be completed within **10 business days** of receiving approval from OSP and is subject to denial if funds are not available when the voucher is reviewed.*

Principal Investigator: Jane Doe

Department Contact: John Doe

Dept. Finance Lead/Chair: Janette Doe

Signature: Jane Doe
Digitally signed by Jane Doe
Date: 2023.07.27 14:58:57 -04'00'

Signature: John Doe
Digitally signed by John Doe
Date: 2023.07.27 14:59:10 -04'00'

Signature: Janette Doe
Digitally signed by Janette Doe
Date: 2023.07.27 14:59:27 -04'00'

Date: _____

Date: _____

Date: _____

Central Office Use Only

Approved Denied

Authorized Central Office Signature: _____

RT ID: _____

Date: _____

Notes: