

WV State Auditor's Office



Cash Advance Request

State Org Name: _____ State Org No: _____

WVFIMS Payee: _____ Title: _____

Payee Address: _____ **Vendor Number:** _____

WVFIMS Doc ID: _____ Warrant #: _____

Amount of Request: _____

Date(s) of Travel: _____

Purpose of Advance: _____

I understand cash advances are to be used for State business only and for the sole purpose indicated above. Any unused funds shall be deposited to the appropriate State fund from which it was drawn within thirty days of the event for which it was requested. Itemized receipts must be maintained and submitted to the State Auditor's Office to settle the cash advance within fifteen days of the event. Cash Advances not settled with the State Auditor's Office within thirty days of the event shall result in termination of the agency's cash advance privileges. I hereby agree to the aforementioned terms of the cash advance request.

WVFIMS Payee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Agency Head/Designee Signature: _____ Date: _____

Third Party Recipient Signatures (To be signed upon receipt of funds from WVFIMS Payee):