



IMPROVE LIFE.

ADVANCE REQUEST

Advance Reference #
- A
DO NOT TYPE IN THIS BOX

CLEARING YOUR ADVANCE: An expense claim must be submitted to clear your advance **WITHIN 30 DAYS OF THE EXPENSE END / TERMINATION DATE.** No additional advances will be issued until the outstanding advance has been cleared. Log in to the Expense Claim System (ECS) and enter your expense claim. Select this advance to apply to the balance. Email ecs@uoguelph.ca if you have any questions or require assistance completing your Expense claim.

Employee Name

9-digit Employee Number

Department Name

DATE WILL AUTOFILL - DO NOT TYPE IN THIS BOX

PLEASE ALLOW 7 BUSINESS DAYS FOR PROCESSING

Expected Expense Start Date:

Expected Expense End Date / Termination Date:

Purpose/Event Details: (Name, Date, Location)

Breakdown of Amount Requested: (e.g. meals: \$300, ground transport: \$200, research supplies: \$600)

Advance Amount Requested: (The amount requested should be *slightly less* than the total cost to avoid repayment)

Estimated Total Cost for Expenses: (Please ensure accuracy when estimating expenses)

Anticipated G/L Coding for Expenses:

Airfare, Accommodation, Enterprise/ National car rentals should be **direct billed** where possible and NOT included on an advance request.

Expenses already paid must be submitted on an **expense claim** and NOT on an advance.

Tri-Council

Check (left click box) if this is a Tri-Council advance (NSERC/SSHRC/CIHR/CRC/NCE)

I ACKNOWLEDGE THIS ADVANCE MUST BE CLEARED WITHIN 30 DAYS OF THE EXPECTED EXPENSE END / TERMINATION DATE:

Employee's Signature: _____		<i>I hereby certify that I have read the University's Travel Policy and agree to abide by this policy.</i>
Chair / Supervisor's Signature: _____		Print Chair/Supervisor's Name and Title Above
Dean / Director's Signature: _____		Print Dean/Director's Name and Title Above
DEAN / DIRECTOR APPROVAL REQUIRED FOR ADVANCES OF \$2,000.00 OR MORE		

Completed by:	<input type="text"/>
Contact Phone #:	<input type="text"/>

Submitting Advance: Once completed, mail or drop off to Payment Services, Attn: ECS. To ensure the advance is issued on time, please allow at least 7 business days for processing.

FOR INTERNAL USE ONLY:

S/N: _____

Authorization - ECS, Payment Services: _____

EFT: (Y/N) _____

O/S ADV: (Y/N) _____

Authorization - Manager, Payment Services: _____