



ACCOUNTING AND FINANCIAL REPORTING

B5 Jessup Hall
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**THE UNIVERSITY OF IOWA
REIMBURSEMENT OF CASH ADVANCE**

On behalf of the _____ Department, an original cash advance was issued in the amount of \$_____.

CONTACT NAME: _____ PHONE #: _____

In order to replenish our cash advance and charge our departmental MFK, we are submitting the following: _____ Research participant signatures and/or _____ receipts (attached to form). Please charge the following MFKs for the cash spent and reimbursement:

Cash Advance Reimbursement MFK(s) to charge (completed by department): If you have more than 4 MFKs to be charged, submit/attach an additional form with the other MFKs. The Total Amount below should be the grand total, including the amount for any additional MFKs charged. Please make note below that an additional form is attached.

FUND ORG DEPT SUBDEPT GRANT/PROG IACT OACT DACT FN CCTR AMOUNT

FUND	ORG	DEPT	SUBDEPT	GRANT/PROG	IACT	OACT	DACT	FN	CCTR	AMOUNT
										\$
										\$
										\$
										\$

Total Amount to expense to departmental MFK(s): \$_____

If research subject payments were made, an Excel spreadsheet including the description of what the project was for and the date, name, complete mailing address, SSN (*if individual payment greater than \$75.00*) and amount received by each participant is to be sent via campus mail or delivered in person to Denise Hyche to file for possible issuance of 1099's. *Lodging and Meals are excluded.*

Has this been completed? Yes No

If No, why not?

2 departmental signatures on form OR 2 departmental e-signatures in workflow *required*

Departmental Approval: _____ DATE: _____

Secondary Approval: _____ DATE: _____