



NEW YORK UNIVERSITY

SCHOOL OF MEDICINE

REQUEST FOR ADVANCE

Form ADV3000MC
For Accounts Payable Use Only

This form is to be used by NYU SOM employees only to request an advance for university business. This advance can be paid to the employee or to American Express on behalf of the employee.

PLEASE MARK THE APPROPRIATE BOX (ONE ONLY)

- ADVANCE PAYMENT TO EMPLOYEE
 ADVANCE PAYMENT TO AMERICAN EXPRESS

PAYEE INFORMATION

1. PAYEE'S FULL NAME (FIRST, MIDDLE INITIAL, LAST)		For Accounts Payable Use Only
2. HOME ADDRESS (REQUIRED)		VENDOR NUMBER
3. ALTERNATE MAILING ADDRESS (IF APPLICABLE)		6. UNIVERSITY ID:
4. DEPARTMENT TO BE CHARGED	5. CONTACT PERSON (IF OTHER THAN PAYEE) AND TEL. NUMBER	7. HOLD FOR PICK-UP? <input type="checkbox"/> YES <i>(For extraordinary circumstances only. Print full name and telephone number.)</i>

EXPENSE/ACCOUNT DETAILS

FOR ACCOUNTS PAYABLE USE ONLY	8. CHARTFIELD					
ACCOUNT	FUND	ORG/DEPT	PROGRAM	PROJECT	AMOUNT	
					\$	
9. TOTAL AMOUNT OF ADVANCE						\$ _____

10. TOTAL ADVANCE AMOUNT REQUESTED (IN WORDS)	
11. INCLUSIVE DATES OF BUSINESS EVENT/TRAVEL DEPARTURE: _____	RETURN: _____
12. BUSINESS PURPOSE AND DESTINATION _____ _____ _____	

13. SIGNATURES/APPROVALS

EMPLOYEE'S AUTHORIZATION TO RECOVER ADVANCE FROM SALARY (NO ADVANCES WILL BE GIVEN UNLESS SIGNED BY EMPLOYEE)

<i>I, the Payee, expressly agree that this payment may be considered an advance of my wages and may be deducted from subsequent paychecks if proper substantiation of expenses is not received by Accounts Payable within 30 days of the scheduled return from the trip or date of event.</i>			
PAYEE'S SIGNATURE	TEL. NUMBER	DATE	
NAME OF APPROVER	SIGNATURE OF APPROVER	TEL. NUMBER	DATE