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|  | University of Washington |
| Application for a Fund advance |
| Financial Accounting, Banking and Accounting Operations, Box 351120 |
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| --- | --- | --- | --- | --- | --- |
| Field advance  Revolving Fund  Change Fund  International Operating fund | | | | | |
| Account Information | | | | | |
| Contact name |  | | | Amount of advance | $ |
| E-mail Address |  | Box Number |  | Phone |  |
| Department |  | Budget Numbers(s) |  | | |
| Purpose of Fund |  | | | | |

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| Revolving, Change and IOF |
| Name of fund: |

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| --- | --- | --- | --- | --- | --- |
| Field Advances | | | | | |
| Country |  | Funds need from: Begin Date |  | to end date: |  |
| *An accounting of expenditures will be submitted to B&AO no later than 30 days following the ending date of the advance.* | | | | | |

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| Sending funds | | | | |
| Please wire out funds. Include a banking information form. For **Field Advances** and **IOFs**. | | | | |
| Open a new [bank account](http://www.washington.edu/admin/finserv/bankops/pcchoosebank.html). Include a [signature card](mailto:revfund@uw.edu). For **Revolving Funds**. | | | | |
| Wells Fargo  Bank of America Direct  Bank of America First Choice  US Bank  Plaza Bank | | | | |
| Send a check. For **Field Advances**, **Change Funds** or **Revolving Funds** without bank accounts | | | | |
| Make check payable to: |  | | Send to Box Number |  |
| **Or** for pickup. Print contact’s name and phone number | |  | | |

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| Approval signatures | |
| Custodian – I certify that I have read and agree to comply with the University’s procedures for an advance. I understand that failing to follow these guidelines may be considered misappropriation of public funds. I understand that as the custodian, I am ultimately responsible for accounting and reconciling the advance. This is true even if I am taking over an existing advance, or forwarding the advance to another party. | |
| Signature | Please Print Name |
|  |  |
| Department Head or Principal Investigator (*must be different than custodian*) | |
| Signature | Please Print Name |
|  |  |
| Financial Services Approval Signature (*leave blank, filled out by Financial Services*) | |
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**Please send the completed form to: B&AO – Advances**

**Box 351120**