 **Cash Advance Excess Funds Repayment Form**

Per Travel policies all money advanced to Traveler in excess of actual expenses must be repaid to the university within ten (10) business days from the travel end date.

Please submit this completed form along with **cash advance excess funds.**  Checks or Money Orders can be mailed to USF Business Payments, P.O. Box 947568 Atlanta GA 30394-7568 or dropped in campus drop box locations:

* + Tampa Campus – next to the main entrance of the student services building breezeway.
	+ St. Petersburg Campus – east end of the Bayboro Hall main entrance.
	+ Sarasota – Manatee Campus – next to the rotunda main entrance.

**NOTE: In the first column, enter the FAST Cash Advance number, not the Archivum Cash Advance number.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FAST Cash Advance #** | **Employee****ID#** | **Traveler’s Name** | **Business Unit** | **Operating Unit** | **Fund****Code** | **Account** | **Department** | **Product** | **Initiative** | **Project ID** | **Amount** |
|  |  |  | USF01 |  |  | 12410 |  |  |  |  |  |
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 *Total Direct Journal \_\_\_\_\_\_\_\_\_*

NOTE: All fields below, except for Deposit Number, should be completed by department prior to submitting to Cashier’s Office.

Deposit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preparer - Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preparer - Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer - Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer - Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_