WV State Auditor's Office



Cash Advance Request

State Org Name:	State Org No:
WVFIMS Payee:	Title:
Payee Address:	Vendor Number:
WVFIMS Doc ID:	Warrant #:
Amount of Request:	
Date(s) of Travel:	
Purpose of Advance:	
I understand cash advances are to be used for State business only and for the sole purpose indicated above. Any unused funds shall be deposited to the appropriate State fund from which it was drawn within thirty days of the event for which it was requested. Itemized receipts must be maintained and submitted to the State Auditor's Office to settle the cash advance within fifteen days of the event. Cash Advances not settled with the State Auditor's Office within thirty days of the event shall result in termination of the agency's cash advance privileges. I hereby agree to the aforementioned terms of the cash advance request.	
WVFIMS Payee Signature:	Date:
Supervisor Signature:	
Agency Head/Designee Signature:	Date:
Third Party Recipient Signatures (To be signed upon receipt of fo	unds from WVFIMS Payee):