CASH/TRAVEL ADVANCES

- SGA Funding Request.
- Completed Cash/Travel Advance Form filled out and signed by Faculty Advisor (Hofstra employee).
- Completed check request with organization, fund, account number as well as advisor's name and home address.
- Detailed explanation of how the money is to be used.

TO CLEAR CASH ADVANCE

- Return any unused money.
- Tape original receipts to 8 ½ x 11 sheet of paper.
- Return with itemized Cash Advance Talley Sheet
-

STUDENT ORGANIZATION INFORMATION

Name: _____

Contact Email: _____

Contact Phone: _____

OSLA RESPONSIBILITY

Name of staff in-taking paperwork: _____

Date paperwork was received: _____

Copy made by: _____

Copy given to student and original to club advisor: _____

Originals given to _____

STUDENT GOVERNMENT ASSOCIATION

HOFSTRA UNIVERSITY STUDENT GOVERNMENT ASSOCIATION

FUNDING REQUISITION

Organization: _____ Date: _____ Date Received _____

Organization Contact Person: _____ Phone #: _____

Email: _____

Detailed Explanation for Request: _____

_____

Amount of Request: $ _____ Payment Required by: _____

Date of Event: _____ Location: _____ Ticket Price: _____

METHOD OF PAYMENT

- ☐ Purchase Request – for items over $500.00 attach purchase request and quote. If quote is over $2,500, three bids must accompany request.
- ☐ Check Request – attach invoice, receipts for reimbursement & credit card statement, single, guest lecturer or musical accompaniment contract.
- ☐ Budget Transfer – attach HU Budget Transfer Form or Lackmann Food Service Invoice.
- ☐ American Express Card – Return card along with all documentation regarding Amex Purchase.

APPROVALS

OSLA Program Advisor: _____

Fitness Center Advisor: _____

MISPO Program Advisor: _____

SGA Bookkeeper: _____ _____ /__/_____

Balance after this expense: _____

SGA Comptroller: _____ /__/_____

Appropriated: _____

SGA Advisor: _____ /__/_____

Executive Director OSLA : _____

COMMENTS: _____

✓ Approved _____ Denied _____ Modified _____

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HOFSTRA UNIVERSITY - CHECK REQUISITION/ACCOUNTS PAYABLE

Document #	Requested By	Date	Vendor / SS #	Approved By	**ALL BOXES MUST BE FILLED IN**
				A)	Date Required
				B)	

Payable To:

Address:

Explanation for Request:

Check One:

OFF CAMPUS

ON CAMPUS

Phone #: - -

Is Payee an: Employee ❑

Student ❑

Other ❑

NO REQUEST FOR REIMBURSEMENT WILL BE HONORED UNLESS SUPPORTING DOCUMENTATION IS PROVIDED

Fund	Organization	Account	Prog	BC	Actv	Description	Amount
						TOTALS	

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HOFSTRA UNIVERSITY

Travel and Cash Advance Request

Send this form with approvals and check request to Accounts Payable, Philips Hall

Print Name	Date of Request	Hofstra ID Number
Department / Building	Telephone ext.	Position
Business Purpose of Travel or Advance		
Destination:	Dates of travel:	

Budget Information			Amount of Advance Required:
Fund	Org	Account	

Approval(s) Print and sign name

Chair	Date
Dept. Supervisor/Provost	Date
Dean	Date

For Cash Advances Only

Recipient of advance must sign below, and by doing so agree to the following stipulations.

1. The undersigned will provide original receipts, as required for all expenses incurred in excess of $25. Receipts are not required for per diem meal allowances in accordance with the University policy.
2. The undersigned will submit an accounting to the University on a travel expense report, with the original receipts attached, within 15 days of the completion of the event/trip
3. The undersigned will remit all remaining monies from the subject advance within 15 days of the completion of the event/trip to the Office of Student Accounts and obtain a receipt. The receipt shall be attached to the accounting.
4. In the event of discontinuance of employment, the undersigned must immediately contact the Controller's Office and, in such event, must provide a full accounting for the advance within five days.
5. The undersigned is fully responsible for the advance's safekeeping and will exercise due care safeguarding the subject advance.
6. Furthermore, if the advance is not accounted for within 30 days of the end of the event/trip, the undersigned will immediately reimburse the University for any unaccounted for funds. If the reimbursement is not made, the undersigned authorizes the University to deduct the balance of the advance from future paychecks.
7. The undersigned will familiarize herself/himself with the University's policies regarding expense reimbursement, as published by the University and included on the University's website.
   Website: https://webpub.hofstra.edu/policies/policies_financial.cfm

Print name _____

Signature _____ Date _____

Do not write in space below

Date	Voucher No.	Paid to	Amount	Account	Comments

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CASH ADVANCE TALLY SHEET

CLUB NAME: _____

PHONE NUMBER: _____

DATE RETURNED TO OSLA: _____

RECEIPT #	AMOUNT	WHERE PURCHASED	REASON FOR PURCHASE