



West Virginia State Auditor's Office Cash Advance Request

Department Name _____ Dept No. _____

Vendor Name _____

Vendor Address _____

Vendor/Customer No. _____ wvOASIS TVA ID _____

Dates of Travel. _____ to _____

Amount of Advance \$ _____

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 items of the cash advance request.

Payee Signature

Date

Supervisor Signature

Date

Agency Head / Designee Signature

Date