

University  
of Toronto

# REQUEST FOR ACCOUNTABLE ADVANCE

DATE

PAYABLE TO

PERSONNEL NO.

DOCUMENT NO.

ADDRESS OF PAYEE

CURRENCY

- CDN \$
- US \$
- OTHER

AMOUNT REQUIRED

## ACCOUNTING INFORMATION

SPECIAL INSTRUCTIONS

BUSINESS AREA  
IF OTHER THAN 1000

COMPANY CODE  
IF OTHER THAN U OF T

GENERAL  
LEDGER

FUNDS MANAGEMENT ACCOUNTING  
COMPLETE ⑦ OR BOTH COLS. ⑦ OR ⑧  
COMPLETE COL. ⑧ IF NON-STANDARD

MAIL

OTHER \_\_\_\_\_

VENDOR ACCT NO.

⑥

FUND

⑦

CF CENTRE

⑧

COMMITMENT ITEM

SETTLEMENT DATE

PURPOSE

## DECLARATION

I have read the University's published procedure for requesting an accountable advance and agree to abide by this procedure.

SIGNATURE OF PAYEE

TELEPHONE NO.

FAX NO.

DEPARTMENT CONTACT NAME

DEPARTMENT

TELEPHONE NO.

FAX NO.

AUTHORIZED APPROVAL

SIGNATURE

PRINTED NAME

TITLE

WHITE: OFFICE OF THE COMPTROLLER

PINK: DEPARTMENT COPY