REQUEST FOR ACCOUNTABLE ADVANCE

						DATE:			
PAYABLE TO:			PERSONNEL NO.			DOCUMENT #:			
ADDRESS OF PAYEE:						CURRENCY:	AMOUNT:		
						CDN \$			
						US\$ OTHER:	\$ -		
		GENERAL LEDGER ACCOUNTING	FUNDS MANAGEMENT ACCC		DUNTING	SPECIAL INSTRUCTIONS:			
BUSINESS AREA: IF OTHER THAN 1000	COMPANY CODE: IF OTHER THAN UOFT	VENDOR ACCT. NO.	FUND (AND	C/F CENTRE	COMMITMENT ITEM	MAIL			
						OTHER:			
PURPOSE				· I			SETTLEMENT DATE:		
						-			
						-			
DECLARATION:	Iniversity's published	d procedure for rea	uesting an	accountable a	dvance and agree t	o abide by this pr	ocedure.		
SIGNATURE OF PAYEE:			TELEPHONE NO.:			FAX NO.:			
			-						
DEPARTMENT CONTACT NAME:			DEPT.		TELEPHONE:	FAX:			
AUTHORIZED APPR	OVAL:					 I			

PRINT NAME

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SIGNATURE

UNIVERSITY

OF TORONTO

ORIGINATING DEPARTMENT (1)

TITLE