

# Cash Advance Replenishment Form

I wish to replenish the cash advance received for this study.

☒ Initial Cash Advance Amount \_\_\_\_\_ Replenishment #1: \_\_\_\_\_ #2: \_\_\_\_\_  
☒ Current Distributed Amount: \_\_\_\_\_ Initial APV #: \_\_\_\_\_  
☒ Cash on Hand Balance: \_\_\_\_\_ Replenishment #1 APV#: \_\_\_\_\_

Please complete the following information for the individual responsible for the cash advance:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Dept Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Purpose of Cash Advance (Select One)

- ☐ Approved Research Study - Human Subject Payments limited to \$100 or less - use account code 142002  
 Research Study Title: \_\_\_\_\_  
 Cash Distribution Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Amount per Participant: \_\_\_\_\_ Number of Participants: \_\_\_\_\_  
☐ Petty Cash Replenishment - use account code 101001  
☐ Other: Describe purpose:

Hold and contact CAS to pick up check.

Previous Invoice Number: \_\_\_\_\_

Supplier Number: 000000821 Supplier Name: NDSU

Please provide any special instructions: (denominations, etc.)

Location: \_\_\_\_\_

**\*Note: No Appropriated funding on cash advances!**

Amount	Account	Fund	Dept	Program	Project
	TOTAL				

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

PI/Researcher Signature \_\_\_\_\_ Date \_\_\_\_\_

Ag Budget Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Dept Head/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

GCA Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Business Center Signature \_\_\_\_\_ Date \_\_\_\_\_