



**COPPIN STATE UNIVERSITY  
OFFICE OF THE CONTROLLER  
WORKING FUND ADVANCE REQUEST FORM**

ALL ADVANCES ARE BASED UPON FUND AVAILABILITY

NAME \_\_\_\_\_ SSN \_\_\_\_\_ DATE \_\_\_\_\_  
AMT REQUESTED \_\_\_\_\_ AMT GRANTED \_\_\_\_\_ WF CK # \_\_\_\_\_ CK NOTE \_\_\_\_\_  
ADVANCE TYPE: SALARY \_\_\_\_ C \_\_\_\_ R \_\_\_\_\_ TRAVEL \_\_\_\_\_ OTHER \_\_\_\_\_

JUSTIFICATION \_\_\_\_\_  
\_\_\_\_\_

Date advance to be repaid/Date receipts to be submitted: \_\_\_\_\_

\*\*\*\*\*  
\* No future advances will be given if documentation for previous \*  
\* advances are not submitted. If Working Fund advance is not repaid \*  
\* or receipts are not submitted by due date, the account may be \*  
\* forwarded to the Maryland State Central Collectons Unit and collec- \*  
\* tions fees will be assessed to the recipient. \*  
\*\*\*\*\*

\_\_\_\_\_  
Controller's Office Approval

\_\_\_\_\_  
Recipient's Signature

Salary Advances - By the recipient's signature, the Controller's Office is authorized to retain the payroll check due the recipient for the next pay period and the check will be properly endorsed by the recipient. Certification by the payroll department is below.

Travel Advances - Proper reimbursement documentation (original receipt) is due in the Controller's Office immediately after completion of the trip. Receipts for disbursements must be submitted to the Working Fund Custodian. Travel advances will be made based upon current Working Fund procedures.

Other - All other emergency expenditures are approved based upon availability of funds. Original receipts must be returned by the date specified above.

**SALARY ADVANCE AUTHORIZATION**

Employee \_\_\_\_\_ SSN \_\_\_\_\_

Next paycheck due \_\_\_\_\_ Gross on next paycheck \_\_\_\_\_

Payroll department authorization \_\_\_\_\_