LUMP SUM ADVANCE REQUEST

Name of Custodian

Amount Requested $

Unique Name

Vendor ID#

Home Address

Date Needed

Departure Date

Field Address

Return Date

Final Voucher Date

Destination, if different

ChartField combination to be charged:

<table>
<thead>
<tr>
<th>Shortcode (6)</th>
<th>Fund (5)</th>
<th>DeptID (6)</th>
<th>Program (5)</th>
<th>Class (5)</th>
<th>Project/Grant</th>
</tr>
</thead>
</table>

I will pick up check at the Payroll (Wolverine Tower) Office.

Other instructions for issuing the check:

Budget for Requested Funds:

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Supplies</th>
<th>Travel</th>
<th>Equipment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total $

I certify that the above information is correct, and that I will abide by all the rules and regulations regarding such advances.

Custodian Signature

Date: 

I approve of the issuance of this advance and will assist in the collection if any delinquency occurs.

Approving Signature

Date: 

Proj. Director or Dept. Chair

Date: 

Dean's Signature

Date: 

Manager's Signature

Date: 

Financial Operations

Date: 

http://www.finops.umich.edu/programs/forms/lumpsumadvance
In consideration of the Lump Sum Advance made by The University of Michigan in the amount of ______________________ (Dollars $_____________)
as a result of my Lump Sum Advance Request dated ________________, I hereby agree to provide satisfactory evidence of legitimate expenditures in compliance with the guidelines and conditions as stated below. This evidence will include vouchering such expenditures at least every thirty (30) days from the date of the making of the Advance with the final voucher due no later than ____________________.

In further consideration of such advance, I promise to pay the Regents of The University of Michigan, a Constitutional Corporation, any portion of such advance which is not properly accounted for within the above time limits. If such vouchering or payment has not been made within thirty (30) days of the final due date shown above, I authorize the University Payroll Office to deduct such portion from my paycheck(s).

*** GUIDELINES FOR LUMP SUM ADVANCES ***

1. **ALL REQUESTS** and VOUCHERS must be reviewed and signed by two (2) individuals, the Custodian and a higher University administrative authority. Advance requests for amounts in excess of $10,000 must also be signed by the Dean or Director.

2. Lump sum advances should not be issued when all expenditures will be of a travel nature by University personnel. (A travel advance should be used in such cases.) Foreign airfare should be obtained by purchase order whenever possible.

3. Expenditures for goods or service obtainable through the normal Purchasing or Payroll procedures should not be applied against a lump sum advance.

4. If the lump sum advance is to be spent in an excess currency country, the advance will be mailed to the U.S. Embassy (Disbursing Officer) with a letter of instruction. The custodian may then pick up the advance at the Embassy. (Information about the list of excess currency countries may be obtained by calling Financial Operations - Federal Sponsored Programs, 764-8204.

5. University of Michigan Bylaws state that all bank accounts, set up in the name of The University of Michigan, must have the approval of the Regents of the University. Therefore, all bank accounts set up to secure lump sum advances should be established in the name of the individual traveler, unless prior Regental approval has been obtained.

6. Receipts must be kept for all expenditures and submitted monthly with the voucher form.

7. Expenditures against any lump sum advance must be actual and reasonable. The use of a per diem reimbursement will only be permitted, in exceptional circumstances, when prior written approval has been obtained in advance from Financial Operations.

8. When personnel are to be paid out of the lump sum advance, precautions should be taken to be sure all local labor laws are adhered to.

_________________________ ___________________________ ___________________________
Signature of Custodian Emplid Date

Please print name here

Witness: ___________________________ ___________________________
Signature Please print name here