



UNIVERSITY OF SOUTH CAROLINA
FOUNDATIONS
ADVANCE REQUEST FORM

Name of individual requesting advance: _____

Expected date of funds usage: _____

Purpose (include description of benefit to the University/Department):

Reason for advance (why routine reimbursement procedures are inadequate for above stated purpose):

Please initial by each statement if you understand and agree with the following:

____ I am personally responsible for the entire amount of the advance.

____ Any unused funds will be returned within five business days of the funds intended usage date.

____ Any funds not returned to the Foundation will be considered taxable income to me.

____ Any vendor that can be paid directly by the Foundation will NOT be paid with advance funds.

____ Gifts/registration/fees/other monies collected by a department CANNOT be refunded with advance funds.

____ I understand that the Foundations require I submit original receipts and complete meals/business cultivation or travel forms when applicable. These forms shall include all information that would be required for a standard RFD. Meals/ business cultivation forms will include the time, date, location, number of attendees as well as their names and relationships to USC. Travel expense forms will include departure/arrival dates and times as well as all original receipts.

____ I will stay within the established Foundations AP Policy limits for each activity/event.

____ I certify that the expense(s) are ordinary and necessary business expenses of the University, that they have not or will not be reimbursed from any other source.

____ Another advance will not be issued until the outstanding advance has been cleared.

____ DOCUMENTATION OF FUNDS USAGE AND THE RETURN OF ANY UNUSED FUNDS MUST BE SENT TO FOUNDATIONS WITHIN FIVE BUSINESS DAYS OF THE FUNDS' USAGE.

Signature: _____

Date: _____