Please email to : project accountant OR cgstaff@utep.edu



Grants Cash Advance REQUEST

(Sponsored Project Incentive - Non Travel)

Budget

	Amount Requested	PIC	ject ID (10-di	igit)	Account	Budget Account Description		
	\$				G6190	Parti	cipant Expense	
Date requested:								
Date requested. Department:		_						
Project Title:								
Form Prepared E				Phone Ext:				
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EVENT DATE *	Description of Services *		Quantity *	Unit Price *	Amount *		Gift Card (Y/N) *	E-cards (Y/N)
								1
				Total	ċ			1
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*Contracts and Grants Accounting will provide the GL String. Please verify the information when you approve the expense report

Guidelines for Cash Management: Requestor must inform Student Business Services of intent to pick up cash. Orders placed with SBS before 10 AM, the funds will be available for pick up the next day after 12PM Orders placed with SBS after 10 AM, the funds will be available two business days later after 12PM

Part C DEPOSIT of Residual Funds from Cash Advance

If any funds from the Cash Advance are unused, they must be deposited at Cashiers at the Student Business Services. Please use the "Deposit Summary" form attached at the end of this document.

Instructions

Part A- Cash Advance Request Portion

Amount Requested Enter Cash Advance amount. Please note that all cash advance payments will be issued directly

to the project PI based on payment profile for payroll.

Project ID Enter the 10-digit project ID that corresponds to the grant. Ex "226351425A"

Budget Account All Cash Advances will always be from Budget Account G6190 Participant Expense

Date Requested Enter current date MM-DD-YY.

Department Enter Department name.

Project Title Enter the project title.

Prepared By Enter the name of the person that prepared the Cash Advance Request form and include

their phone number.

Event Date Enter Date fof Event MM-DD-YY

Description of Provide description or justification of how these funds will be used and how will this benefit the Grant

Quantity Enter quantity of product requested.

Unit Price Enter the unit price of the product requested.

Amount Quantity X Unit Price
Gift Card Identify Y for Yes N for No
E-cards Identify Y for Yes N for No

Total Sum of Amount Row 1 and Amount Row 2

PI Certification The original/electronic signature of the Principal Investigator is required. Cash Advance

Request forms will not be processed without their approval. (No signature stamp is allowed).

Enter the PI Empl ID

Cash Advance If person receiving cash advance funds is NOT the PI please add name

Recipient and empl ID of person responsible for receiving the funds

The completed Cash Advance Request Form is taken to the Contracts and Grants Accounting Office for approval.

Always-make-sure-the-grant-has-funds-avaliable-before-submitting-the-cash-advance-request.

Part B- Contracts & Grants Accounting Approval Portion -

GL String

The Contracts and Grants Accountant will review and approve the Cash advance. The

approved Cash Advance Request Form will be sent back to the preparer with the GL String information filled out. Refer to the GL String when creating the expense report in PeopleSoft.

Travel Authorization ID

The Contracts and Grants Accountant creates a Travel Authorization when he/she approves

the Cash Advance. Refer to this Travel Authorization ID when creating your Expense report.

Cash Advance ID

The Contracts and Grants Accountant creates a Cash advance when she/he approves the Cash

Advance. Use this Cash Advance ID as reference if you were to have any questions.

Part C- Deposit of Residual Funds

The attached Deposit Summary will only be used if there are Residual Funds that need to be deposited back. **Complete the bottom section of form "For C&G Cash Advance Only"** and take to Cashiers at Student Business Services. Please note that C&G Accounting has prepopulated the account number, do not edit that information.

University of Texas at El Paso Deposit Summary

Department Name: _____

		Date:					
Cash \$							
Checks \$							
Total Deposit \$							
Description	Cost Center	Account #	Amount				
	(8 digit number)	(5 digit number)					
(Required Signature	es)	Deposit Tota	al				
Prepared By:		Date:					
Reviewed BY:		Date:					
	-	nt name) ot. Contact Telephone/Exte	ension:				
Comments:							
For C&G Cash Ad	vance Only:						
CASH ADVANCE ID	PROJECT ID/COST CENTER	ACCOUNT	AMOUNT				
Cash Check		11650	\$				
Prepared By:(Signatu	 re)	(Print Name)					
Dept. Contact Telephon	e/Extension:						
Date:							