EMPLOYEE ADVANCE REQUEST

N. C. DEPARTMENT OF PUBLIC INSTRUCTION

INSTRUCTIONS TO REQUESTER: Submit original to be received in Accounts Payable 10 working days prior to date travel begins in order for the check to be available 5 working days prior to travel beginning date. Complete Section A in full and in Section B enter employee social security #, remit message, company, account, center and advance amount only. Must be prepared in ink or typed.

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SECTION A						
Payee's Name (First, Middle Initial, Last)			Title/Division/Section Headquarters (City)			
Purpose						
Destination						
Check Type of Ad	vance					
□ P — (Permane	nt)— <i>Annual ad</i>	dvance to be settled by submitting reimb	ursement request mont	hly, with final s	ettlement to be made by June 2	
☐ T— (Tempora	ary)— <i>period</i>	nce for trip outlined above to be settle d ends. : Excess advance must be returned to			-	
	st from Depar	on are to be used for the purpose sta rtmental authorities and that any fun for any reason.				
(Reque	ester)	(Date)	(Director's S	ignature)	(Date)	
NOTE: 0	ORIGINAL S	SIGNATURES AND DATES ARE	REQUIRED FOR	ADVANCE	TO BE ISSUED	
PAY ENTRY 0 8 P	E			EMPL	OYEE SOC. SEC. #	
ADVANCE REQUE	ST NBR: AL	DV/ / /				
REQUEST DATE:	/ / MO DA	_ / YR				
	* (ENTER	R CHECK DISPOSITION INSTR	UCTIONS ON REM	MIT MESSA	GE LINE BELOW.)	
REMIT MESSAGE	*					
ADVANCED TYPE: / / / /						
COMPANY:			BAP CODE:		MO DA YR —	
ACCOU	NT	CENTER			AMOUNT	
5 3 2 7	9 9			\$		
			Approved			
K	eyer	Control Date	A	P Accountan	t Date	