



North Carolina Department of Public Safety Employee Advance Request

Instructions to Requester: Complete **SECTION A** only. Forms completed in hard copy ***MUST*** be prepared in ink. Attach approved Form CNTR 001 (Travel Prior Approval).

Section A. Requester Information

Payee's Name _____ Address _____ City _____ State _____ Zip Code _____	_____ (Personnel No.) _____ (Title) _____ (Division) _____ (Section) Headquarters (City) _____ Phone _____
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Advance Request Information

Amount **Date:** Advance Needed _____ Travel Begins _____

Purpose _____

Destination _____

P (Permanent): Annual advance to be settled by submitting request monthly, with final settlement to be made **by June 30.**

T (Temporary): Advance for temporary travel must be settled by submitting reimbursement request **within thirty (30) days after** travel period ends.

I certify that funds requested heron are to be used for the purpose stated. I further certify that any funds advanced to me will be repaid immediately on request from Departmental authorities and that any funds advanced will be repaid prior to my last day of employment should I terminate my employment for any reason.

- NOTE 1:** Original signatures and dates are required for advance to be issued.
NOTE 2: The **Section Head** is the approval authority for an employee advance request.

	Printed/Typed Name	Date	Signature	Date
Requester	_____	_____	_____	_____
Approver	_____	_____	_____	_____

Section B (Accounting Office Use ONLY)

Pay Entity: 1 9 P E	Advance Request NBR: ADV	MO	DAY	YR		MO	DAY	YR
					Voucher Date:			

Remit Message (Enter check disposition instruction below. Document attached.)

Advance Type:		MO	DAY	YR				
<input style="width: 100%;" type="text"/>	Advance Issue Date:				Company:	1	9	

Account	Center	Amount
S		

Keyer	Control Date	Approved	A/P Accountant	Date