

CASH ADVANCE AND TRAVEL REIMBURSEMENT REQUEST (PART I)

Sports Travel Only

Checks are printed Tues/Thurs afternoon (Aug-May)

Deadline for the Tuesday check run is Monday at 10 AM

Deadline for the Thursday check run is Wednesday at 10 AM

Wednesday mornings (June-July)

Deadline for the Wednesday check run is Tuesday at 1 PM

Checks \$500 and above must be picked up from the AP office

Office hours: Aug-May 7:30-4:30 M-F, closed Fridays June-July

Instructions:

1. Contact Chelsey Axtell to add the employee to the Cash Advance Vendor
2. Once the employee has been added to IV, create a PR
3. Send part one of this form to Accounts Payable

Date: _____

Employee Name: _____

PO Number: _____

Requestor: _____

School/Location: _____

Reason for Trip: _____

Number of Students Attending: _____

of Breakfasts @ \$4.00 each: _____

of Lunches @ \$5.00 each: _____

of Dinners @ \$6.00 each: _____

Additional Funds needed: _____

Reason for Additional Funds: _____

Total Amount Requested: _____

Approved Trip # _____ AP Manager Approval: _____

Check: ☐ Send To School (only if under \$500)

☐ Will Pick Up

REMINDER:

The Cash Advance and Travel Reimbursement Report Part II (page 2 of this form) must be turned in to Accounts Payable with original receipts within 30 days of the event or activity.

Cash Advance and Travel Reimbursement Report (Part II)

Name: _____ Date: _____ PO# _____

Amount \$ _____ Check # _____ Voucher # _____

Expenses

Attach all original receipts as well as a photo copy

Date	Description	Amount \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Expenses \$ _____

Amount Returned \$ _____ (include deposit slip)

Cash Back to You \$ _____ New PO # _____

I certify that the above expenses were made in accordance with applicable St. Vrain Valley
School District policies.

Signature: _____ Date: _____

Email part one to AP@svvdsd.org

Part two should be sent via
interoffice mail to the AP
department.

**This report must be completed and returned to
Accounts Payable within 30 days of the event or
activity. Failure to submit this report within 30 days
will result in the full advance being deducted from
your payroll.**

Approved By: _____ Date: _____