## NC DEPARTMENT OF AGRICULTURE EMPLOYEE ADVANCE REQUEST

INSTRUCTIONS TO REQUESTER: Complete Section A only. Must be prepared in ink or typed.

Payee's Address	Headquarters	(City)					
	Date Travel I	Begins		Date Travel E	nds		
Purpose							
Destination							
Amount							
Check Type of Advance  P - (Permanent) Annual advance to be settled  T - (Temporary) Advance for temporary tro  NOTE: Excess advance must	vel request must be se	ttled by submittin	g reimbursement req	uest within 30 days a			ds.
COMPANY:							
ACCOUNT 5 3 2 7 9 9 1		CENTER	<u> </u>	\$	AMOU	JNT	
immediately on request from Department	ai aiimorines and	that any funds	advanced will b	e renaid prior to	my last a	day of en	nnlovment
immediately on request from Department should I terminate my employment for ar (Requester)				zed Signature)	my last (	day of en	(Date)
should I terminate my employment for ar	y reason.  (Date	e)	(Authoriz	zed Signature)	_	day of en	
should I terminate my employment for ar (Requester)	y reason.  (Date	e)	(Authoriz	zed Signature)	_	day of en	
should I terminate my employment for ar  (Requester)  NOTE: ORIGINAL	y reason.  (Date	e)	(Authoriz	zed Signature)	_	day of en	
(Requester)  NOTE: ORIGINAL  SECTION B (Accounting Office Use	y reason.  (Date	e)	(Authoriz	zed Signature)	_	day of en	
(Requester)  NOTE: ORIGINAL  SECTION B (Accounting Office Use)  PAY ENTITY	y reason.  (Date SIGNATURES AND e Only)	DATES ARE R	(Authoriz	zed Signature)	_	day of en	
Requester)  NOTE: ORIGINAL  SECTION B (Accounting Office Use)  PAY ENTITY  ADVANCE REQUEST NBR: ADV  VOUCHER DATE	y reason.  (Date of the control of t	DATES ARE R	(Authoriz	zed Signature) VANCE TO BE IS	SUED	_	
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Requester)  NOTE: ORIGINAL  SECTION B (Accounting Office Use)  PAY ENTITY  ADVANCE REQUEST NBR: ADV  VOUCHER DATE  MO DA  *(ENTER CHECK D)  REMIT MESSAGE *DOCUMENT ATT	y reason.  (Date of the control of t	TRUCTIONS	(Authoriz	zed Signature)  VANCE TO BE IS  ESSAGE LINE E	SUED	_	