Employee Advance: Return of Advance Deposit Form

Complete this Form, Attach Check, and Send Form and Check to

Accounts Payable Office, Box J

Employee Name _____

Employee Workday ID# _____

Date _____

Expense Item

☐ Advanced Reimbursed to University Domestic

☐ Advanced Reimbursed University International

Worktags

Cost Center: CC90065

Business Unit: BU4200

Expense Purpose Code: 9999

Fund: FD100

Check Amount _____