



# Participant Payment Advance Request

Financial Services  
Youngberg Hall  
2385 Irving Hill Rd  
Lawrence, KS 66045-7563  
Telephone: 785-864-3441  
Fax: 785-864-5025  
www.rgs.ku.edu

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

Date(s) of Research Activity: \_\_\_\_\_

Workshop/Study Description: \_\_\_\_\_

## ADVANCE DETAILS

I will require a loan in the amount of:	\$
Date Required (mm/dd/yy): <small>(Please allow a minimum of 10 business days to process payment)</small>	
Payment Method (choose one)	
I am enrolled in KUCR Direct Deposit:	<input type="checkbox"/>
Mail to home address:	<input type="checkbox"/>
Pick up at KUCR:	<input type="checkbox"/>
KUCR Project/Cost Center to be charged:	

I will be incurring research-related expenses while conducting official business for the University of Kansas Center for Research, Inc. I understand this is a LOAN and a KUCR Participant Payment Advance Reconciliation Report, signed receipts and any other supporting documents (including return of excess cash) **MUST be submitted to the KUCR Business Office within 30 days of the completion** of activity as stated above. Outstanding loans may be reported as taxable income at the end of the calendar year. Requests for additional cash advance will be approved only if all prior cash advances have been fully documented in accordance with KUCR Policy.

\_\_\_\_\_  
ADVANCE RECIPIENT SIGNATURE

\_\_\_\_\_  
APPROVAL AUTHORITY SIGNATURE

\_\_\_\_\_  
KUCR APPROVAL

\_\_\_\_\_  
DATE