

**Employee Advance: Return of Advance Deposit Form**

Please type the details in this form, print, attach check, and Send Form and

**Check to Accounts Payable Office, Box J**

**Employee Name:** \_\_\_\_\_

**Employee Workday ID#:** \_\_\_\_\_

**Date (M/D/YYYY):** \_\_\_\_\_

**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:** \_\_\_\_\_

**Cashier Office Only:**  
**30225 / ADVC**