**MEMO**

 TO: Accounts Payable

FROM: <Enter PRINCIPAL INVESTIGATOR name>

 Project ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 IRB Protocol #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Cash Advance

DATE: 11/14/2023

I would like to request a cash advance be given to me in the amount of $\_\_\_\_\_\_\_\_\_\_ to be used from <DATE> through <DATE>. The purpose is to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If additional information is needed, please feel free to contact me at <PHONE NUMBER> or <EMAIL>.

The funds are needed by <DATE> via direct deposit [ ]  physical check [ ]

**Amount -- $\_\_\_\_\_\_\_\_\_\_\_\_\_**

Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research mode: In Person [ ]  Via Zoom [ ]  Online survey [ ]

Do you have any outstanding cash advances that have yet to be reconciled? [ ] Yes [ ] No

If yes, please specify when you will submit the reconciliation: