



Advance Claim Form

**This is to be used for an advance of funds for University Business.
A reimbursement form must be completed at the completion of travel to account for all funds provided.
Any funds not accounted for will be recovered from the employee.**

Employee Name

Email Address

Department

Employee ID
(for lodgement of funds)

Dates of Travel From : To:

Date Advance Required

Destination

Purpose of Travel Other reason

Account Code

Advance Total (NZD)

Claimants Signature

Authorising Signature*

NZD funds will be banked into your Payroll Bank account

* Required if claimant is not the Cost Centre Head or Delegated Authority. Not required if signed approved conference leave travel is attached.

Upon Completion of this form, the signed form needs to be returned to the Accounts Payable Office, Financial Services Division.

Or Fax to: 03 479 7996

Or Scan the completed and signed form and email to: accounts@otago.ac.nz