

**ARIZONA STATE UNIVERSITY
APPLICATION FOR SPONSORED PROJECT EXPENSE ADVANCE FORM**

Revised: 12/01/2015

Date: Department: Mail Code:

I hereby apply for an expense advance on Sponsored (or IIA) Agency/Org:

In the amount of: \$.

If advance is on an IIA account, identify the related Sponsored Project Agency/Org:

Alternate Local or State Agency/Org: (guarantee of funds)

Check Delivery Location: Tempe Cashiering West Cashiering Accounts Payable (USB)

The fund will be used during the period of: through:

(Cannot exceed account end date) for the following purpose(s):

Additional justification if period is greater than one year:

Method of storing the expense advance:

I agree to abide by University, Federal, and/or other sponsor regulations regarding expenditures of sponsored project expense advance funds, as required for all expenditures charged to this agency/org regardless of spending method. I have reviewed the Sponsored Project Expense Advance Guidance Packet and general guidelines covering sponsored project expense advances provided in [RSP 503-02](#). As custodian of this expense advance, I hereby agree to reimburse Arizona State University in full by the due date. I hereby authorize Arizona State University to deduct the amount from my paycheck, or pursue other available means for recovery of funds, if repayment and/or submission of appropriate expenditure documentation in full is not made by: (Due Date – cannot exceed one month after Account End Date).

In requesting and approving of this sponsored project expense advance application, it is acknowledged that a review has been made of the absolute need for this expense advance and that alternate methods, such as procurement cards, are not workable. If this expense advance is absolutely needed, the amount requested has been determined to be the lowest amount possible. If a separate bank account is used for these expense advance funds, it will be used solely to account for this sponsored project expense advance and for no other purpose. NOTE: Any bank or financial accounts that might be opened in a foreign country in conjunction with this expense advance must be in the name of the Custodian and not the university. Please consult with your personal tax advisor for possible foreign account reporting responsibilities to the IRS.

Applicant Information:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Faculty Advisor Name* (Print)	Signature	Phone	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Custodian Name (Print)	Signature	Phone	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Custodian Title (Print)	Custodian ASU Affiliate ID		

*Signature of Faculty Advisor required, if custodian is a graduate student

Approval Signatures:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sponsored (or IIA) Org Manager or Authorized Signer (Print)	Signature	Phone	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Alternate Authorized Signer, if different from above (Print)	Signature	Phone	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ORSPA Award Management Staff** (Print)	Signature	Phone	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Approval Signature for Requests \$10,000 or Greater (or if Period is for More Than One Year):			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ORSPA Award Management Assistant Director** (Print)	Signature	Phone	Date

**Signature of OKED Finance BOM or Director, if cash advance is taken out on an IIA account

**ARIZONA STATE UNIVERSITY
GIFT CARDS FOR SUBJECT PAYMENTS QUESTIONNAIRE**

Revised: 12/01/2015

This questionnaire must be completed and submitted with request for a sponsored project expense advance involving gift cards.

1. Why are the gift cards necessary to conduct university business?

2. How many gift cards are to be purchased?

3. What is the monetary value per gift card?

4. How are the cards being accounted for in terms of who gets them, when, how receipt is recorded, etc.?

5. Is there a list of participants' names who will be receiving the cards? (It is suggested to keep a log with project name, research purpose, recipient name or confidential ID, gift card amount, gift card #, and date given to recipient.)

6. What internal controls are in place to secure the cards, who is the responsible person for approving their distribution and for record keeping? Include disposition plans if the cards are not used for intended purpose stated above.

Bank Account Request Form

Bank Account Descriptive Name: _____

Custodian Name: _____

Co-Signers (Up to 4) Include Custodian Info:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Sponsored Accountants Name (if Applicable): _____

Address for Statements (If Sponsored, must be address of the Sponsored Accountant:

Address: _____

Amount of Expense Advance: \$_____

Length of time of study, will this be a one-time only study, or will bank account be used for additional studies after a proper close out is completed of current advance: _____

Supplies needed:

Will you be writing checks to participants on this account (YES or No): _____

If YES – (minimum supply order is 250 checks) How Many Checks are you Ordering: _____

Special Request on Checks (Laser/Desktop/Quicken Compatible):

Policy and Guidance

RSP 503–02: Sponsored Project Expense Advances

<https://www.asu.edu/aad/manuals/rsp/rsp503-02.html>

FIN 403: Petty Cash Funds for State and Local Accounts

<https://www.asu.edu/aad/manuals/fin/fin403.html>

FIN 421–05: Human Subject Payments

<https://www.asu.edu/aad/manuals/fin/fin421-05.html>