

University of Kansas
 Center for Research, Inc
 Business Services
 www.resaerch.ku.edu/kucr/
 E-mail questions to: travel@kucr.ku.edu

CASH ADVANCE REQUEST

Youngberg Hall
 2385 Irving Hill Road
 Lawrence, KS 66045-7563
 Telephone: (785) 864-3441
 Fax: (785) 864-5025

Date (mm/dd/yyyy): June 4, 2008

Name: Patsy Woods SSN: _____

Home Address: 1234 W. 6th Street, Anywhere, AL 65970
(street, city, state, & zip code)

Telephone: 864-0585 E-mail: jan@ku.edu

Department / Lab: Life Span Institute - Child Language Program
(campus address)

Date(s) of Travel or Research Activity: 05/01/08-07/31/08

Travel Destination or Research Location: Lawrence campus

Purpose: to pay participants in a research study for the Morphosyntatic Abilities of SLI
Probands and Families Project

<u>Estimated Travel Costs</u>	I WILL REQUIRE A LOAN IN THE
Airfare * _____	AMOUNT OF _____ \$900.00
Food _____	Date Required (mm/dd/yy) _____ <u>5/22/2008</u>
Lodging _____	Pick up check at KUCR: <input checked="" type="checkbox"/> _____
TOTAL TRAVEL COSTS _____ \$0.00	Mail to home address: _____
<i>* utilize local accounts when possible</i>	_____
<u>Estimated Non-Travel Costs</u>	Mail to office address: _____
<u>15 participants x 2 assessments</u> _____ <u>\$900.00</u>	_____
<u>at \$30/participant</u> _____	_____
_____	_____
_____	_____
TOTAL NON-TRAVEL COSTS _____ \$900.00	KUCR Project (s) <u>NIH15442-12995</u>
	KUCR CHECK # _____

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 Travel Expense Report or other reporting of these expenses (including return of excess cash) **MUST** be **submitted to the KUCR Business Office within 60 days of my return** or completion of activity as stated above. Outstanding loans may be reported as 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.

 PAYEE SIGNATURE

 APPROVAL AUTHORITY SIGNATURE

 KUCR APPROVAL

 DATE APPROVED

Disposition of check: (For KUCR use only) US Mail _____ Campus Mail _____
 Picked up @ receptionist _____ Delivered (hand carry) _____ Other _____