



**UNIVERSITY OF MEDICAL SCIENCES  
LAJE ROAD, ONDO, ONDO STATE**

**APPLICATION FOR CASH ADVANCE**

**(To be completed by Applicant in Triplicate)**

**A.**

1. NAME IN FULL (SURNAME LAST):.....
2. DEPARTMENT:..... E-MAIL:.....
3. RANK AND GRADE LEVEL:.....PHONE NO:
4. PURPOSE(S) OF THE CASH ADVANCE:.....  
.....
5. ACCOUNT IN EXPENDITURE IS TO CLEARED:.....
6. AMOUNT REQUIRED:.....
7. IF THE AMOUNT IS ABOVE N150,000.00, INDICATE YOUR BANK, ACCOUNT NUMBER AND TYPE OF ACCOUNT:.....
8. SPENDING PROFILE: (Attach additional paper if space provided is insufficient).

S/N		N	K
i.			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
viii.			
ix.			
x.			
	TOTAL		

**B.**

**UNDERTAKING**

I agree to abide with the following conditions if any application is approved.

1. Cash advance cannot be obtained while an advance previously taken by the applicant or any other person in his/her department is yet to be cleared.
2. Cash Advance **MUST** be **UTILIZED** for the **PURPOSE** for which it is obtained
3. To pay unspent balance of cash advance into the Cash Office and Obtain Official receipts
4. The statement of accounts with original supporting documents and Cash Office Receipt for unspent balance should be submitted to the Internal Audit Department through the Dean/Head of Department for auditing, 5days before expiration of the time frame specified in 5 below.
5. Cash advance must be retired within the specified period indicated below:
 

Department advance	-	15days
Research	-	90days
Conference	-	30days
Store Purchase	-	15days
Construction Advance	-	60days
6. Failure to account for Cash Advance within the stipulated dates, the Bursar shall reserve the right to commence recovery of the amount granted from Advance’s salary either in one lump sum or installmentally in the succeeding month without prior notice.
7. That the University Authority reserve the right to impose necessary disciplinary action on me if there is any default on my part in retiring the cash advance.

.....  
SIGNATURE OF APPLICANT

.....  
DATE

**C. APPLICATION RECOMMENDED FOR APPROVAL BY:**

.....  
NAME OF HOD

.....  
SIGNATURE & DATE

**D. TO BE COMPLETED IN THE BURSARY**

DATE LAST CASH ADVANCE CHEQUE WAS COLLECTED:.....

DATE LAST CASH ADVANCE WAS ACCOUNTED FOR:.....

NO OF CASH ADVANCE OWED:.....

RECOMMENDATION OF SECTIONAL HEAD:.....

SIGNATURE:..... DATE:.....

AMOUNT OF CASH ADVANCE REQUIRED COMMITTED BY:.....

APPLICATION APPROVED (BURSARY)..... YES/NO:.....

APPLICATION NOT APPROVED FOR REASON(S) STATED:.....

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