

LONG TERM OPERATING ADVANCE REQUEST

Payee: President and Fellows of Harvard College

For Operating Advance:	
Maximum Limit \$ _____	
New Account	No <input type="radio"/> Yes <input type="radio"/>

Harvard ID _____

Social Security Number _____

If not new, Account Number _____

Period Covered by Advance: _____
beginning date

_____ end date

Principle Investigator: _____

Project Name: _____

Check Mailing Address: _____

Accounting Distribution

Amount	Cr X	Tub (3)	Org (5)	Object (4)	Fund (6)	Activity (6)	SubActivity (4)	Root (5)
				0500				
				0500				
				0500				
				0500				
				0500				
				0500				
				0500				
		Total						

Requestor: I certify that all expenses paid by this advance will be in compliance with University policy
Print name & phone #

Approver: I certify that all expenses paid by this advance will be in compliance with University policy.
Print name & phone #

FOR OSR USE ONLY	FOR A/P US ONLY	FOR TAX OPERATIONS USE ONLY