Print and Complete Form
Send Original to:

Reimbursements and Card Services - 1033 Mass Ave, 2nd Floor

WEB VOUCHER NUMBER

LONG-TERM OPERATING ADVANCE AUTHORIZATION FORM

Account is generally established to accommodate long-term (six months or more) foreign projects carried out by Harvard personnel.

Project Director: _____

Account Title: _____

Purpose of Account: _____

_____

_____

Project Beginning Date: _____ Project End Date: _____

Department Account: ____ / ____ / ____ / ____ / ____ / ____ / ____

tub (3) org (5) object (5) fund (6) activity (6) sub-activity (4) root (5)

Maximum Dollar Limit: $ _____

Name and Address of Bank where funds will be wired:

Bank Name: _____

ABA Number _____ Account Number: _____

Bank Address: _____

_____

_____

_____

Account Name: _____

Name(s) and Signature(s) of those authorized to be a signatory for the bank account:

_____ _____

signature name (please print or type)

_____ _____

signature name (please print or type)

Approver Signature: _____ Date: _____

Financial Dean Name: _____

Financial Dean Signature: _____