



PAYROLL ADVANCE

Date _____

Employee Name: _____ Red ID #: _____

FOR PAYROLL ADVANCE

Please advance the above named employee the amount of \$_____.

Please check form of payment: Petty Cash (Limited to \$200) - Available at the Viejas Arena Ticket Office
 Accounts Payable Check - Available at the A.S. Business Office

Hours worked to date _____ **(attach copy of current KRONOS punch detail).**

The advance is being requested due to the following reason*: _____

- *PLEASE NOTE:**
- Payroll advances are limited to one per calendar year.
 - A payroll advance will be given “only” for hours already worked.
 - A payroll advance request must be submitted at least 24 hours in advance to the Payroll Department.

Please release petty cash/accounts payable check for the above named employee on _____.

Employee's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Payroll Approval: _____ Date: _____

Accounting Approval: _____ Date: _____

Accounting Use Only:

Account # 1-XX-XXX-1101

Check # _____

Date: _____