

**Johns Hopkins  
PROJECT ADVANCE AUTHORIZATION FORM**

Name of Employee: \_\_\_\_\_

Personnel Number: \_\_\_\_\_ Travel begin and end dates: \_\_\_\_\_ to \_\_\_\_\_

Vendor Number: \_\_\_\_\_ (not their employee number must be unique AP vendor beginning with a "2")

Email address (if known): \_\_\_\_\_

Hopkins Phone # (if known): \_\_\_\_\_

Hopkins Address:  
(if known) \_\_\_\_\_  
\_\_\_\_\_

**Send advance to:** Bank Account \_\_\_\_\_ Home Address (Only if Payroll is not direct deposit) \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Account Information:**

Business Area: \_\_\_\_\_ Fund: \_\_\_\_\_ Fund Center: \_\_\_\_\_

Departmental Default Cost Center to be charged: \_\_\_\_\_

**FUNDS TO BE USED FOR:** \_\_\_\_\_

**Bank details:**

Bank Name: \_\_\_\_\_

Name as it appears on bank account: \_\_\_\_\_

Bank Account number: \_\_\_\_\_

Bank Routing number: \_\_\_\_\_

Type of Account:                      **CHECKING**                      **SAVINGS**

The actual project expenses will be recorded with the Online Payment Request (FV60) and will be submitted to Accounts Payable Travel Unit no later than 14 days following the termination date of travel. Should the settlement of the project advance not be complete within 60 days of the termination date of travel, any balance will be charged to the Departmental Default Cost Center.

Signature of Employee: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Administrator: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Divisional Business Office: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_