

SHORT-TERM OPERATING ADVANCE (STOA) AUTHORIZATION FORM

Requested by: _____

Phone: _____

Department Name: _____

Date: _____

Name of Custodian: _____

Harvard University ID#: _____

Name of Project: _____

Business Purpose for the STOA: _____

Beginning Date of Project: _____

End Date of Project: _____

What is the location of the project (City/Country): _____

Please confirm that **NO** service payments will be made to anyone (U.S. tax residents or foreign nationals) inside the U.S., or to U.S. tax residents anywhere in the world (contact your HR office or LER for guidance). Confirmed: _____

How do you plan to access and disburse funds at the project destination? (i.e., withdraw from personal account, travel with cash, etc.) _____

BUDGET INFORMATION

A detailed advance budget must be itemized below or attached in a similar format. Advances are for project expenses that cannot be paid via other methods (e.g., corporate card, Purchasing Card, or vendor invoice). Other than as outlined in the Human Subject Payments Policy, STOAs must not be used to make service payments inside the U.S. or to U.S. tax residents abroad nor can they be used to pay vendors that can invoice Harvard.

Individual Expense Items (include all lines; attach additional lines if necessary)

Advance Amount

	\$
	\$

Department Account: *Unrestricted account coding will be charged if the advance is not properly settled within 30 days of the end of the project. Failure to comply with the STOA policy will result in a taxable event for the custodian.*

		0501				
Tub (3)	Org (5)	Object (4)	Fund (6)	Activity (6)	Sub-activity (4)	Root (5)

CUSTODIAN CERTIFICATION: I, the undersigned custodian, certify (a) that these funds will be spent for legitimate Harvard business purposes, and (b) that all funds will be returned to Harvard or accounted for as required by University policy within 30 days of the project end date noted above. I understand that if this advance is not settled within the allowed time period that Harvard will treat the advance as income to me and will report it to the IRS.

Signature of Custodian_____
Date_____
Signature of Local (Department/Unit) Approver_____
Date_____
Signature of Financial Dean or Designee_____
Date

Completed, signed forms should be scanned and attached electronically to the Payment Request that funds the STOA. The electronic Payment Request must be submitted first to the Tub Finance Office and then to Strategic Procurement for approval.