

AO – 107 GUIDE CARD

DATE PREPARED

*

TO: PERSONNEL
 OFFICE ACCOUNTING

CDF

RESOURCES AGENCY

SALARY/OVERTIME ADVANCE

UNIFORM ADVANCE

DATE OF HIRE _____

TEMPORARY TRAVEL
 ADVANCE

DATE OF
 SEPERATION _____

MISCELLANEOUS VENDOR (SEE SAM 8110)

| | | | |
|--|---------|---|---|
| AM * | CHECK # | CHECK DATE | PAY/WORK PERIOD |
| EMPLOYEE/VENDOR NAME * | | | |
| SOCIAL SECURITY NUMBER * | | CIVIL SERVICE TITLE * | |
| REGION ADMINISTRATIVE UNIT SECTION * | | | INDEX * |

ADDRESS

DOCUMENT NUMBER

REASON/PURPOSE

ANTICIPATED DATES OF TRAVEL

REASON FOR TRIP

LOCATION OF TRIP

| | | | |
|-----------------------|-------|--------|----------------|
| F/Y | INDEX | OBJECT | PCA |
| Requester's Signature | | | Date Requested |
| Supervisor Approval | | | Date Approved |
| Title | | | |

I hereby authorize this advance (Salary/Overtime, Temporary Travel or Uniform) be deducted in full from any and all funds payable by the State to me, including any salary/overtime or uniform warrant(s) issued to me by the State Controller's Office. I understand and agree to these conditions.

* EMPLOYEE SIGNATURE AND DATE REQUESTED.

Employee _____

Supervisor Approval _____ Date Approved _____

APPROVING OFFICER SIGNATURE AND DATE

Title _____

Unit Chief/Region Chief (or Designee) _____ Date Approved _____

Title _____

FOR PERSONNEL AND ACCOUNTING OFFICE USE

| | |
|----------------------------------|-----------------|
| Authorized By Personnel | Date Authorized |
| | |
| Authorized By Accounting Officer | Date Authorized |
| | |

COMPLETED BY DAO / REGION HQ

COLLECTIONS ONLY

| | | |
|------------------------|---------------------|--------|
| Current Date | | |
| Warrant No/Check # | Date | Amount |
| | | |
| | | |
| | | |
| | Total | |
| Less Money Owed For | Date | Amount |
| | | |
| | | |
| | Total | |
| Revolving Fund Check # | Amount Due Employee | |
| | | |

*COMPLETE BY REQUESTER
 **COMPLETE IF APPROPRIATE

REQUIRED ATTACHEMENTS TO DAO
 MISC. VENDOR: INVOICE / SUBSCRIPTION RENEWAL
 OST: APPROVED STD 257
 RELOCATION: APPROVED RELOCATION PACKAGE
 C-14 AND STD. 204 IF NEW VENDOR
 TRAVEL EXPENSE CLAIM

(PERSONNEL)