CASH TRAVEL ADVANCE REQUEST

(Note: If travel is out of state, “Request for Out of State Travel” form must be filed in advance)

Please process a cash advance for:

__________________________________________  A# ___________________________
(Requestor) (Please include A#)

In the amount of $___________________________

Form of Payment Requested  [ ] Direct Deposit  [ ] Check

(Cash advances are calculated at 80% of expenses, excluding amounts already paid in advance or covered by a purchase order. Per State rules, advances are subject to a $200 minimum and a maximum of $2,000.)

Start and End Date of Travel: ________________________________________
(Advance will be paid 7-10 days prior to departure.)

Travel Destination: _________________________________________________

Purpose of Travel: _________________________________________________

THIS ADVANCE IS A PERSONAL LIABILITY. The advance must be repaid and/or a travel detail must be submitted within thirty (30) days of the traveler’s return. (Per Board of Regents policy number 5:21, employee debts to their institutions may be satisfied through voluntary or involuntary deductions from salary, or they may be referred to a collection agency.)

I understand that I am responsible for repaying this advance as stated above.

__________________________________________________  ______________________
Signature of Requestor  Date

__________________________________________________  ______________________
Signature of Department Head/Director  Date