

Date of departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of return: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the purpose of the advance is other than travel, please explain below:

Other purpose: \_\_\_\_\_

NOTE: An Expense Reimbursement Form with all original receipts, must be submitted to Procurement Services to clear this Advance after 30 days the Advance is not cleared the University has the authorization to charge the amount of the Advance to the employee through payroll. See reverse side for full Policy.

I HAVE READ THE TRAVEL AND CASH ADVANCE POLICY AND HAVE AGREED TO THE TERMS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Supervisor's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

