

Southern Illinois University Edwardsville
Travel Advance Request

Travel Information:

Type of Travel: _____

Traveler's Name: _____ ID#: _____

Amount Requested: _____ Type of Funds Requested: _____
(Check or Direct Deposit is required for advances \$1,000 and over.)

Destination: _____

Departure Date: _____ Return Date: _____

Department Information:

Budget Purpose Number: _____ Budget Purpose Description: _____

Department Name: _____

Contact Name: _____ Extension: _____ Box #: _____

Approver Role: _____ Approver's Name (Typed): _____

We understand that the payment received is an advance, and that the University may deduct such payment from reimbursable travel submitted through the Travel Expense Voucher or Accounts Payable Invoice Distribution (APID) form. We further understand, exclusive of the University's right to deduct from reimbursable travel, that this advance is conditioned upon repayment within 60 days after return. We confirm that the advance amount as provided has been reasonably calculated to not exceed the anticipated expenses to be incurred. We also understand that failure to return unused funds and/or substantiate expenses incurred will result in such funds being included in the borrower's salary subject to applicable taxes and withholding as well as possible disciplinary action and suspension of future travel advance privileges. In the event of default of repayment, a direct transfer from the above-named travel account may be made. We agree to the stipulations in the Travel Advance Policies and Procedures.

Borrower's Signature Date

Approver's Signature Date