Southern Illinois University Edwardsville
Travel Advance Request

Travel Information:

- ◯ Team Travel Team: _____
- ◯ Recruitment Travel
- ◯ Group Travel Organization: _____
- ◯ Individual Travel - Domestic
- ◯ Individual Travel - International

It is requested that a travel advance in the amount of _____ be granted to _____

ID# _____ as borrower, to go to _____ departing _____

and returning approximately _____

_____ _____
Account Title Account Number

_____ _____ _____
Department Extension Box Number

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 APIDF (Accounts Payable Invoice Distribution 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: _____

_____ _____
Approver's Signature Date

_____
Approver's Name - Typed

Borrower must have a valid SIUE ID card.

I hereby acknowledge receipt of _____

_____ _____
Borrower's Signature Date

OFFICE USE ONLY