Cash/Travel Advance Request Form

Date: _____ Department/Organization Name: _____
Program/Event Name: _____
□ On Campus □ Off-Campus
Dates of Travel/Event: _____ Total Amount Requested: $_____
Business Purpose (description of use):
_____
_____
_____
_____
Budget Breakdown: □ Food $_____ □ Transportation $_____ □ Supplies $_____ □ Other _____
_____
_____
Have you explored other payment methods before seeking advance?
□ Yes □ No If yes, list and explain
_____
_____
_____

Cash/Travel Advance Holder

The following person will be responsible for the safety of the cash/travel advance and return of the advance reconciliation. If funds from the advance are distributed to others, the advance holder is responsible for obtaining all receipts and remaining funds. The advance must be reconciled with SFA/USL within 5 business days upon return from trip or 10 business days after receipt of advance for non-travel.

Name (Print): _____
Your signature here acknowledges you have read and understand the policy for use of advance funds.
Signature: _____ Date: _____
UNI: _____
Executive Board Member Signature: _____ Date: _____
Advisor Signature: _____ Date: _____
Student Financial Advising Signature: _____ Date: _____

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