

CASH ADVANCE REQUEST FORM

ACCOUNTS PAYABLE OFFICE USE ONLY

IDOC # _____ Processed BY; _____ Date: _____

INSTRUCTIONS:

1. Traveler signature and Dean/VP are required for check issuance.
2. Forward complete form to Accounts Payable office (fax: 713-313-1964) for processing.
3. Expenses associated with the planned travel must be reconciled and substantiated in Banner within one month of the return date.
4. The traveler must deposit with the Bursar's Office any remaining cash that was not utilized during the trip.
5. A signed Authority to Travel form must accompany this form when submitted.

REQUESTOR'S INFORMATION

NAME: DATE SUBMITTED

T#:

TRAVELER'S ADDRESS:

PHONE #: ALTERNATE PHONE #:

CASH ADVANCE ELGIBILITY - See Travel Policy (MAPP 03.02.11) for legibility criteria and select one of the following:

Faculty Staff

PURPOSE OF TRAVEL

Why is cash needed for the trip? _____

Departure Date: Return Date: CHECK DISPOSITION: Mail Check Hold

ADDRESS TO BE MAILED (IF DIFFERENT THAN ABOBE)

DATE ADVANCE IS NEEDED (*Minimum of 5 Business Days from submission date*):

FUND	ORG	ACCOUNT	PROGRAM

AMT. OF ADVANCE REQUESTED: \$

SIGNATURE: I acknowledge that I am receiving a travel cash advance for the amount shown above. These funds will be used in accordance with TSU Travel and Expenditure policies. Within two weeks of my return, I will provide the area/department an itemization of expenses, original receipts and/or documentation supporting the use of the travel cash advance. In addition, I will return all remaining unused funds in the form of cash, a check or money order made payable to Texas Southern University. I understand that if I use the travel cash advance inconsistent with TSU Travel and Expenditure policies or fail to provide the University with any of the above documentation and/or remaining funds; student-disciplinary or employee-corrective action up to and including termination and/or criminal action may result.

Traveler Signature: _____ Date: _____

Traveler Printed Name:

AUTHORIZATION: I authorize issuance of this travel cash advance for the eligibility cited above.

Dean/VP/Disignee Signature: _____ Date: _____

Approver's Printed Name: