

SOUTHEASTERN LOUISIANA UNIVERSITY
Travel Advance Agreement/Request

I understand that for any travel advance made by the University, I am personally responsible for all monies so advanced to me. If a travel advance is obtained and the trip in which the advance is made is not taken, I agree to repay the advance immediately. I understand that I must submit a Travel Expense Account immediately upon completion of the trip or immediately repay the advance. When traveling international I must also include exchange rate receipts or a copy of the exchange rates for each day printed from the Internet. In the event I fail to repay the amount of the advance, then I agree that the University may notify the Payroll Office to deduct the amount of this advance from the next salary check(s) due to me until paid in full. I hereby subscribe by my own hand and acknowledge that I have read the above carefully and agree to its terms and conditions.

Employee Name: Phone #: W #:
 Vendor Name/
 Address if Other
 Than Employee: Vendor ID:

Employee Signature: _____

Date: Budget Unit #: Budget Unit Name:
 Travel Authorization #: Amount of Advance:

I certify that the above employee meets the requirement to obtain a travel advance per Travel Guide PPM 49 paragraph 1503.B and approve this request under the following exemption:

Exemptions:

Budget Unit Manager Name:

Budget Unit Manager Signature: _____

Travel Office use only

Budget Unit - Fund:		Amount:	
PO Number:			
Processed by:		Voucher #:	