THE CATHOLIC UNIVERSITY OF AMERICA

EMPLOYEE TRAVEL ADVANCE AGREEMENT

This Agreement must be completed and returned to Accounts Payable before the Travel Advance Check is issued. Inquires may be directed to Edree Tebo, Accounts Payable Manager, x5853.

The University provides travel advances to assist with the required travel needs of its faculty and staff. In accordance with the CUA Travel Policy: " **Travel Expense Report must be submitted to the Accounts Payable section of the Controller's Office as soon as possible but no later than 15 days following completion of the Trip**."

I, _____ have requested a travel advance of _____
PRINTED NAME **AMOUNT**

for travel to _____ on _____.
DESTINATION **TRAVEL DATES**

As an employee of The Catholic University of America, I understand and agree to the following:

- This Travel Advance is for my exclusive use as it relates to the above request.
- One trip per Travel Advance.
- No Travel Advance will be issued after the departure date.
- This Travel Advance will be accounted for on a Travel Expense Reimbursement Form. Original itemized receipts will be attached to the Travel Expense Reimbursement. Missing receipts over $10 will be acknowledged in writing with the approval of authorizing officer. The Travel Expense Reimbursement will be submitted within 15 days after the completion of the trip.
- Any unused funds from the Travel Advance will be returned to the Cashier's Office. All checks should be payable to: Catholic University of America. Your receipt should contain the following information: your name, travel purchase order number and chartfield. A copy of the receipt should be attached to the Travel Expense Reimbursement when it is submitted to Accounts Payable.
- No additional advances or reimbursements will be processed if a travel advance is past due.
- If the Travel Expense Reimbursement has not been completed and sent to Accounts Payable within thirty (30) days after my return to CUA, the University is hereby authorized to deduct the amount of the Travel Advance from my payroll check.

_____ _____ _____
SIGNATURE **DATE** **TRAVEL PURCHASE ORDER/REQ. #**

Physics 200 Hannan Hall Ext. 5315
CUA DEPARTMENT **ADDRESS** **TELEPHONE#**

PLEASE RETURN THIS FORM TO ACCOUNTS PAYABLE OR FAX IT TO x5848