

Travel Advance Request and Settlement Agreement

Name _____ **Date** _____ **Employee ID #** _____
Last name, first **REQUIRED**

Address _____ **City** _____ **State** _____ **Zip** _____

Department _____ **Position** _____ **Destination** _____

Purpose of Travel _____

Date of departure: _____ **Date of return:** _____

Estimation of Cost **Date advance needed** _____

Transportation – _____

Lodging _____ per day _____

Meals _____ per day _____

Other _____

\$ _____

Total Estimated Cost _____

Advance Requested _____

Call for check pickup _____
Extension

Account to be charged

Account Number	Speed Type/Chart

**O
R**

Account Number	Fund	Department ID	Program	Project/Grant

Settlement Agreement

I acknowledge receipt from Accounts Payable of _____ dollars as an advance for the cost of the above described travel. I agree to settle this advance by filing a travel voucher with the office of Accounts Payable (with attached receipt of any unused funds returned to the Bursar) on or before _____ (due date).
(within 15 days of Return date)

If I have not settled this advance with the office of Accounts Payable by the due date, I hereby authorize the University of New Orleans to deduct the full amount from my first paycheck following the due date or any subsequent paycheck.

Signature of Traveler

Approval of Dean, Chair or Department Head

Checks can only be picked up by the traveler unless name given here _____
 Traveler/designated recipient will need Staff Identification to pick up check.

Upon approval by Dean, etc., forward to Accounting Services for processing.

 Accounting Services Approval

 Accounts Payable Processing