

EASTERN ILLINOIS UNIVERSITY

STUDENT GROUP TRAVEL ADVANCE REQUEST

DATE _____

ORG/INDEX NUMBER _____ ORG/INDEX NAME _____

TRAVELER'S NAME _____ AMOUNT REQUESTED _____

DATE AND PURPOSE OF TRIP:

NUMBER OF PERSONS TRAVELING STAFF _____ STUDENTS _____

In requesting the above advance, I understand and agree to the following conditions:

1. The use of funds received shall be limited to the purposes and maximum amounts specified by the Travel section.
2. I will be personally liable for all funds received until they are properly accounted for/or returned. I understand that this includes liability for the expenditure of funds for unauthorized purposes, expenditures in excess of authorized amounts, and for any loss such as by theft or accidental loss.
3. All funds received must be accounted for (unspent cash deposited and a detailed accounting of expenditures, including receipts provided to the Business Office) within ten (10) working days after the trip is completed.
4. No travel advances will be authorized if I have a prior advance, which has not been accounted for per item #3.
5. If funds are not properly accounted for within the time specified in item #3 above, the University may deduct the funds from my payroll check.
6. If driving a personal vehicle: "I certify that I am duly licensed and carry at least the minimum liability insurance coverage required by the by the Illinois Vehicle Code."

Traveler's Signature _____ Date _____

Approved / Business Office _____ Date _____

ATTACH ORIGINAL TO REQUEST FOR PAYMENT FORM