



Request for Cash Advance

Name of Traveler: _____

Michigan Tech ID #: _____

Mailing Address: _____

Department: _____

Amount: _____

Payment Type: _____

DESTINATION: _____

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

INDEX TO BE CHARGED: _____

PURPOSE OF TRAVEL:

BENEFITS DERIVED TO THE UNIVERSITY FROM TRAVEL:

In consideration and certification of the advance of funds, I will submit a travel expense report form and repay any unexpended funds within ten (10) days of my return unless otherwise authorized in writing by the controller. I hereby certify that the advances requested are for reimbursable expenses expected to be incurred on university business in accordance with university policies and procedures and not to be reimbursed by any third party. **If repayment is not made, funds may be deducted from a future paycheck.**

Date: _____

Signature: _____

APPROVED BY: (Department Chair or higher)

Date: _____ Signature: _____

Printed Name: _____