

# Sam Houston State University

A Member of The Texas State University System

## Travel Advance/Agreement Form

Instructions: Complete all fields. Submit to Travel Office no later than 10 working days prior to departure. Advance will not be issued prior to approval of travel requisition. For more information, contact the SHSU Travel Office.

Traveler Name: \_\_\_\_\_ SHSU Banner ID: \_\_\_\_\_

Destination: \_\_\_\_\_ Travel Requisition No.: \_\_\_\_\_

Travel Dates: From \_\_\_\_\_ to \_\_\_\_\_

| Fund   | Orgn  | Account | Program | Amount – limited to 90% of requisition |
|--------|-------|---------|---------|--|
| 130105 | _____ | 161001  | _____   | _____                                  |

Advance Requested for Date: \_\_\_\_\_, if requested prior to 10 working days, an explanation for necessity is required.

Explanation: \_\_\_\_\_

### Traveler Advance Agreement:

1. SHSU Travel Card is not available to employee, and extraordinary circumstances have been approved. Traveler understands only 90% of approved estimated expenses will be issued as travel advance.
2. Travel expense report must be submitted within 30 working days after the above travel end date. Failure to do so may prevent traveler from receiving a subsequent travel advance.
3. Unsubstantiated amounts or expenses not in compliance with university travel rules are the responsibility of the traveler and must be reimbursed to the university when submitting a travel expense report.
4. If the travel expense report is not submitted and funds repaid within 30 days from the travel end date, the traveler agrees expenses will be added to SHSU account, and are due at that time. Any outstanding balance will result in the denial of future advances or reimbursements until paid in full.

**I accept responsibility for all cash, receipts and all required documentation and agree to the statements as noted above and will comply with Sam Houston State University Travel Policies and Procedures.**

Signatures/Date: \_\_\_\_\_  
Traveler Direct Supervisor

\_\_\_\_\_  
Academic College Dean Divisional Vice President

Travel Office Only  
Requisition Approved Date: \_\_\_\_\_

Purchase Order: \_\_\_\_\_ Travel Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_