## JACKSONVILLE UNIVERSITY TRAVEL ADVANCE REQUEST

Date:	Amount: <u>\$</u>		<mark>(must be over \$50)</mark>
Payable To:	JU ID:		
Address:	Phone:		
	Hold Check for Pickup	Yes	No

Direct Deposit for Cash Advance or Reimbursement must be requested separately from Payroll. Please complete banking information on the My JU portal Self Service Application by selecting Banking Information and Add an Account.

## Travel Dates Departure Date: \_\_\_\_\_\_ Description of Travel:

**NOTE:** Advances will be applied to the Employee Receivable Account and are the responsibility of the Employee.

Please submit an Expense Report Form to the Expense Reports mailbox within <u>30 days</u> of the Return Date listed above to reconcile and clear the balance. This form can be found on the MyJUPortal under Financial Information.

Charge Expenses to Budget Unit:

pproved by:

-----For AP Office Use ONLY-----

Encumbrance Voucher #:	Encumbra	nce Reversal Date:	
Cash Adv Voucher #:	Term:		
Date CA Entered:	By:		
Reconciliation Due Date:	Received	Date:	
Reconciliation Date:	Reconcilia	tion Invoice #:	

Submit this form electronically to expensereports@ju.edu