HOFSTRA UNIVERSITY®

Travel and Cash Advance Request

Send this form with approvals and check request to Accounts Payable, Philips Hall

Print Name	Date of Request		Hofstra ID Number
Department / Building	Telephone ext.	Position	

Business Purpose of Travel or Advance

Destination: Dates of travel:

Budget information			Amount of Advance Required:
Fund	Org	Account	

Approval(s) Print and sign name

Chair	Date
Dept. Supervisor/Provost	Date
Dean	Date

For Cash Advances Only
Recipient of advance must sign below, and by doing so agree to the following stipulations.

1. The undersigned will provide original receipts, as required for all expenses incurred in excess of $25. Receipts are not required for per diem meal allowances in accordance with the University policy.
2. The undersigned will submit an accounting to the University on a travel expense report, with the original receipts attached, within 15 days of the completion of the event/trip
3. The undersigned will remit all remaining monies from the subject advance within 15 days of the completion of the event/trip to the Office of Student Accounts and obtain a receipt. The receipt shall be attached to the accounting.
4. In the event of discontinuance of employment, the undersigned must immediately contact the Controller's Office and, in such event, must provide a full accounting for the advance within five days.
5. The undersigned is fully responsible for the advance's safekeeping and will exercise due care safeguarding the subject advance.
6. Furthermore, if the advance is not accounted for within 30 days of the end of the event/trip, the undersigned will immediately reimburse the University for any unaccounted for funds. If the reimbursement is not made, the undersigned authorizes the University to deduct the balance of the advance from future paychecks.
7. The undersigned will familiarize herself/himself with the University's policies regarding expense reimbursement, as published by the University and included on the University's website. Website: https://webpub.hofstra.edu/policies/policies_financial.cfm

Print name   _____

Signature   _____   Date   _____

Do not write in space below

Date	Voucher No.	Paid to	Amount	Account	Comments

Rev1