

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
SPONSORED STUDENT TEAM / CLUB / GROUP TRAVEL CASH ADVANCE AGREEMENT

Team / Club / Group Name: _____

Purpose of Trip: _____

Destination: _____ **Date Check Needed:** _____

Departure Date: _____ **Expected Return Date:** _____

Employee Sponsor Name: _____ **Employee "A" Number:** _____

Employee Street Address: _____ **Employee City, State, Zip:** _____

Travel Party (should be reconciled to hotel receipts and other documents)

Intercollegiate Athletic Teams		Other Student Groups	
Type Traveler	Number in Party	Type Traveler	Number in Party
Coaches	_____	Faculty/Staff	_____
Student Athletes	_____	Students	_____
Trainers	_____	Other (provide explanation)	_____
Athletic Admin	_____		
Other (provide explanation)	_____		
Total	_____	Total	_____

I hereby accept responsibility for the cash advance issued to me in the amount of _____, designated for allowable travel expenses associated with officially approved sponsored student activities of The University of Alabama in Huntsville (UAH) as described above and on the attached travel authorization. I agree that I am solely responsible for the control, accountability and security of these funds. That responsibility includes the loss or theft of those funds and shall continue even if I leave the employment of UAH. I understand that the responsibility associated with receiving this cash advance include my responsibility to obtain proper receipts and expenditure documentation, and to comply with all applicable rules and policies of UAH. Within 14 days of returning from the trip or immediately upon cancellation of the trip, I shall submit to the Office of Business Services a Sponsored Student Team/Club/Group Travel Expense Voucher, including receipts, expenditure documentation and a Bursar's Office receipt for any funds not used for the stated purpose of this cash advance.

[Sponsored Student Group Travel Expense Voucher](#) [Cash Advance Guidelines](#) (Please see links provided)

Furthermore, I understand that I may be called upon at anytime to explain or account for imbalances associated with this cash advance and/or the related documentation. I hereby authorize UAH to recover from me, through payroll deduction or other means as necessary, any unused funds not returned, any funds used for non-allowable expense(s), or any funds used for normally allowable expense(s) for which proper documentation is not submitted. I hereby further agree to pay the cost of collection of any such funds from me, to include payment of court cost and reasonable attorney fees.

Employee Sponsor Signature: _____ **Date:** _____

APPROVALS	FILL IN ACCOUNT NUMBERS TO BE CHARGED		
	Index	Account	Amount
Printed Name of Authorized Approver	_____	_____	_____
	_____	_____	_____
Signature of Authorized Approver	_____	_____	_____
	_____	_____	_____
Business Services Approval	Business Services form Revised 08-15-2017		