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

Team / Club / Group Name:				
Purpose of Trip:				
Destination: Departure Date: Employee Sponsor Name: Employee Street Address:		Date Check Needed:		
		Expected Return Date:		
		Employee ''A'' Number:   Employee City, State, Zip:		
Intercollegiate Athletic Teams		Other Student Groups		
Type Traveler	Number in Party	Type Traveler	Number in Party	
Caashaa		Ecoulty/Stoff		

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 Accounting & Financial Reporting 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:

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APPROVALS	FILL IN ACCOUNT NUMBERS TO BE CHARGED		
	Index	Account	Amount
Printed Name of Authorized Approver			
Signature of Authorized Approver			
Accounting & Financial Reporting Approval	Accounting & Financial Reporting form Revised 10-01-2016		