THE UNIVERSITY OF ALABAMA HUNTSVILLE

Sponsored Student Team, Club, or Group Travel Cash Advance Agreement

Team/Club/Group			
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).

Type Traveler	Number in Party	Type Traveler	Number in Party
Coaches		Faculty Staff	
Student Athletes		Students	
Trainers		Other (provide info.)	
Athletic Admin.			
Other (provide info)			
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 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 includes 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 Business Services department a Sponsored Student 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. Furthermore, I understand that I may be called upon at any time 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 expenses, or any funds used for normally allowable expenses for which proper documentation is not submitted. I hereby further agree to pay the cost of collecting any such funds from me, to include payment of court cost and reasonable attorney fees.

Employee Sponsor Signature:_____ Date:_____

APPROVALS	FILL IN ACCOUNT NUMBES TO BE CHARGED		
Printed Name of Authorized Approver	Index	Account Code	Amount
Signature of Authorized Approver			
Business Services Approval			