



Southern University

Office of the Comptroller
Travel Section

PAYROLL DEDUCTION AGREEMENT FORM FOR TRAVEL ADVANCES

Departmental Invoice Number:

University Address:

Cell Phone Number:

I _____
will be responsible for a Travel Advance in the
amount of: \$ _____

I fully understand that all Travel Advances must
be cleared no later than fifteen (15) working days
from the date of the expiration of travel, and
before the request for another advance is
submitted, which ever occurs first; that all unspent
funds will be returned immediately; and that if a
trip is cancelled after the advance check has been
picked up, all advance funds will be returned
immediately. I also understand that failure to

comply with the above agreement will result in an automatic payroll deduction for the
entire amount without further notice. If a reimbursement is due to me as a result of a
payroll deduction, I understand I will receive my reimbursement within ten (10) working
days after the report is submitted and/or final balances are cleared. Finally, I understand
that if I am payroll deducted twice in one fiscal year due to noncompliance with the
above procedures or if I fail to comply with any other terms of this agreement, I will lose
my privilege for receiving future travel advances for the remainder of the current fiscal
year.

Signature of Traveler or University Personnel

"U" Number

-----™ (For Travel Section Use Only)™-----

Date Received: _____ SU Invoice No.: _____ Travel Request No: _____

Destination: _____ Travel Dates: _____

CC: _____ General Ledger Account: _____ Account Number: _____

Report due date: _____ Amount of Advance: _____

Travel Technician: _____

"Southern University Where Courtesy Counts"

Revised 07/2022