



Southern University

Office of the Comptroller
Travel Section

PAYROLL DEDUCTION AGREEMENT FORM FOR Travel Card

Date of Travel

University Email Address:

Cell Phone Number:

I _____
will be responsible for all Travel card transactions
in _____ the _____ amount _____ of:
\$ _____

I fully understand that all Travel card receipts
must be turned in to the Travel card Accountant no
later than **Five (5) working days** from the date of
the expiration of travel, and before the request for
another Travel card advance is submitted,
whichever occurs first. 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 advances
for the remainder of the current fiscal year.

Signature of Traveler or University Personnel

Banner "U" Number

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

Date Received: _____ Encumbrance No: _____

Destination: _____ Travel Date(s) _____

Account Number: _____ Receipt(s) due date: _____

Requested Amount of Travel Card: _____

Travel Technician: _____

"Southern University Where Courtesy Counts"

Revised 07/2024