



Southern University

Office of the Comptroller
Travel Section

PAYROLL DEDUCTION AGREEMENT FORM FOR CBA ADVANCES

Date of Travel

University Email Address:

Cell Phone Number:

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

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

Signature of Traveler or University Personnel

Banner "S" Number or Last four of SSN

_____™ (For Travel Section Use Only)™

Date Received: _____ Travel Request No: _____

Destination: _____ Travel Date(s) _____

Type of CBA Advance _____ Account Number: _____

Receipt(s) due date: _____ Amount of CBA: _____

Travel Technician: _____