

TA# _____

\$ _____ Repaid on _____

Receipt No. _____ dated _____



TRAVEL ADVANCE AGREEMENT

I, _____, hereby acknowledge receipt of the amount of \$ _____, representing an advance of funds for the sole purpose of paying my travel expenses, or a portion thereof, to and/or from _____ on the date(s) of _____ through _____.

I understand that within fourteen (14) working days after completion of travel, I must file a Travel Reimbursement (TR-1) with the UA Little Rock Travel Supervisor for reimbursement of actual expenses. I realize that this travel advance must be repaid to the Cashier's Office. If prompt settlement of the Travel Advance is not made, I hereby authorize the University of Arkansas at Little Rock to recover the same amount from the next or future salary payment that I am to receive.

Signature

T#: _____

Email: _____

Contact Phone No.: _____

Department

Invoice #: _____

Check #: _____

Direct Deposit #: _____