

## Terms and Conditions for Travel Advance

In consideration of the amount received by me from the State of New York as an advance for travel expenses to be incurred by me in the performance of my duties, in accordance with the Rules and Regulations of the Department of Audit and Control. I hereby agree:

1. To account promptly and completely for the money advanced to me;
2. In the event of my resignation or separation from the service of the State or failure to account, the State of New York shall be immediately entitled to the return of the sum advanced to me or any part thereof;
3. The State may deduct said amount from any monies due or accruing to me from the State, at the time of my resignation, separation, or failure to account. If there are not sufficient monies due to accruing to me from the State at the time of my resignation or separation, or if I shall fail to promptly account, the State may enter judgment against me without further notice to me for the sum still owing to me to the State of New York, as certified to the Department of Audit and Control by the issuing office of my agency.

# Request for Travel Advance

Name \_\_\_\_\_ SS# \_\_\_\_\_ Campus Phone # \_\_\_\_\_

Destination and Purpose of Trip \_\_\_\_\_

Date & Time of Departure \_\_\_\_\_ Date & Time of Return \_\_\_\_\_

## Check Request for:

Registration Fee : \_\_\_\_\_  
Vendor Date Needed Amount

Per Diem: \_\_\_\_\_  
# of nights x per diem rate Amount

TOTAL OF ADVANCE: \$ \_\_\_\_\_  
(per diem limit is \$400.00)

*Advances are only given for the above items. All other expenses are reimbursed after the trip with the proper receipts. The registration fee is payable to the Vendor only. Advances are PERSONAL LOANS to the traveler and require original receipts with the travel voucher after the trip to account for all the expenses. Charges are taken from State Accounts after the voucher process is complete.*

*I have read and consent to the terms and conditions set forth on page 2 of this form. I will promptly submit a travel voucher for the above trip within 15 days of my return.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

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OFFICE USE ONLY

Check Number	Date of Check	Amount of Advance	Signature of applicant, Receipt Acknowledged	Amount Returned	Date Returned	Balance

Travel Voucher Number	Special Charge Voucher Number	Amount Due	Date Paid	Trace Number