

JACKSONVILLE UNIVERSITY TRAVEL ADVANCE REQUEST

Date: _____

Amount: \$ _____ (must be over \$50)

Payable To: _____

JU ID: _____

Address: _____

Phone: _____

Hold Check for Pickup	Yes	No
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Direct Deposit for Cash Advance or Reimbursement must be requested separately from Payroll. Please complete banking information on the My JU portal Self Service Application by selecting Banking Information and Add an Account.

Travel Dates

Departure Date: _____

Return Date: _____

Description of Travel: _____

NOTE: Advances will be applied to the Employee Receivable Account and are the responsibility of the Employee.

Please submit an Expense Report Form to the Expense Reports mailbox within **30 days** of the Return Date listed above to reconcile and clear the balance. This form can be found on the MyJUPortal under Financial Information.

Charge Expenses to Budget Unit:

Submit this form electronically to expensereports@ju.edu