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| *Last Updated: 09/17/2024*  **Cash Advance Request Form**  **ONE-STOP TRAVEL SERVICES** | | | | |
| **Purpose:** | | | | |
| To obtain access to cash advance requests for group travel through the Concur Travel & Expense System as an employee. | | | | |
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| **Requestor Information** | | | | |
| First Name: |  |  | Employee ID #: |  |
| Last Name: |  | Campus Phone: |  |
| Campus Email Address: |  | Department ID: |  |
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| **Reason for Cash Advance** | | | | |
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| I will be a group leader for future group travel with students. | | | | |
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| **Certification and Approvals** | | | | |
| The following will apply to every cash advance that I obtain:   * When I accept custody of advanced funds, I agree to be accountable for the appropriate care and disposition of these funds, including safeguarding against loss or theft. In the event of loss or theft, or unauthorized or unreconciled distribution, the University may require reimbursement from me for the amount lost or stolen. Should that be the case, I understand it could result in collection activities that may include internal and external collection efforts, deduction from future travel claims, deduction from a payroll warrant, and/or tax refund offset. * I will not use advanced funds for purposes other than approved travel expenses, and I will make advanced funds available for audit. I am responsible for complying with all applicable rules, regulations, and policies, including reconciling advanced funds with appropriate receipts and documentation within the required time frame. * I understand cash advances may be picked up at the One-Stop Financial Services, Student Services Bldg., Room 2380 or directly deposited into my bank account after processing in the Concur Travel & Expense System. Furthermore, I understand it is my responsibility to reimburse the University for the unused portion of the cash advances at the time of reconciliation of the expense report in Concur within 60 days after a trip is completed. | | | | |
|  | Requester Signature |  | Date | |
| **Approver Information** | | | | |
| DOA Approver First Name: |  |  | Position/Title: |  |
| DOA Approver Last Name: |  | Email Address: |  |
| I approve the person named above to be set up within the Concur Travel & Expense System to request cash advances. Furthermore, I understand that cash advance requests submitted by this individual will require my approval within the Concur Travel & Expense System before advanced funds will be issued. | | | | |
|  | DOA Approver Signature (level 4 or above) | |  | Date |
| **OFFICE USE ONLY:** | | | | |
| I approve the requester named above to be set up within the Concur Travel & Expense System to request cash advances. | | | | |
|  | One-Stop Travel Services Signature *(required)* Date | | | |
| **When all necessary signatures have been obtained:** | | | | |

Send completed signed form to: [travel@calstatela.edu](mailto:travel@calstatela.edu)