

TRAVEL ADVANCE AGREEMENT

Name (Print): _____

In consideration for receiving a Southern Connecticut State University (SCSU) check or ACH (direct deposit) representing an advance for travel expenses, I agree that these are State of Connecticut funds, and I understand that I am personally responsible for them whether or not my employment continues with the State of Connecticut, and whether the funds are lost or stolen. I agree to notify both the Southern Connecticut State University Police and the Southern Connecticut State University Travel Office **immediately** should a loss or theft of funds occur.

I will submit the required documentation for reimbursement (CO-17XP), including supporting receipts, to the SCSU Travel Office **within fifteen (15) business days after completion of my trip**; and if the travel advance was more than expenditure, I will return the excess funds along with the completed documentation. I understand that if I do not adhere to these time frames for paperwork completion or repayment, I may be denied future travel advances, or **the repayment of my travel advance may be deducted from my paycheck**. Additionally, any failure on my part to file the required documentation or repay excess funds by the due date will subject me to reasonable costs of collection, including, but not limited to, attorney fees and court costs if required to enforce this agreement.

***Please note that the Internal Revenue Service requires that advances that remain outstanding for more than 120 days be added to an employee's taxable compensation.

Signature

Date

For Accounts Payable Use Only

TA # _____

Amount _____

Check/Advice # _____

Receipts Due _____