

# IUP

## STUDENT COOPERATIVE ASSOCIATION

### TRAVEL ADVANCE REQUEST

I hereby request advance funds for the following trip:

**Destination:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
(Date) (Time) (Date) (Time)

The estimated funds needed are as follows:

Number of Persons	Expense Item	Amount Needed
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL</b>		_____

### TRAVEL ADVANCE REGULATIONS

All receipts and unused funds are to be returned to the Student Cooperative Association office within 72 hours of your return from the trip. In general, receipts are required as detailed in the IUP Administrative Manual for travel expenses. Allotments for meals may be disbursed to members of your group, if you obtain a signature list signed by each person who receives a meal allotment certifying as to the amount received by each person.

### AFFIDAVIT

I understand that the funds advanced, if approved, will be a personal loan to me unless and until they are accounted for through receipts or return of cash not needed for the trip.

I further understand that any falsifications of receipts or signatures, or failure to turn in receipts and unused cash will jeopardize any further funding for my account. I also understand that I will be personally liable to the Student Cooperative Association for any funds advanced which I do not return or cannot properly account for with receipts.

(Co-op Use Only)	
Vendor No.	_____
Date	_____
Account No.	_____
Amount	_____
Approved	_____

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Organization \_\_\_\_\_

Account Number \_\_\_\_\_

Approved \_\_\_\_\_

Advisor (If different from above)