

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

Payable To: _____ JU ID: _____

Address: _____ Phone: _____

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 the **Cash Advance Reconciliation Form** to the AP mailbox within **30 days** of the Return Date listed above to clear the balance. This form can be found on the MyJUPortal under Financial Information.

Charge Expenses to Budget Unit: _____

Requested by: _____ Approved by: _____

-----For AP Office Use ONLY-----

| | | | |
|-------------------------------|--|-------------|--|
| Advance Purchase Order #: | | | |
| Voucher #: | | | |
| Term: | | | |
| Date Entered: | | By: | |
| Reconciliation Due Date: | | | |
| Reconciliation Received Date: | | | |
| Reconciliation Date: | | Document #: | |

Submit this form electronically to accountspayable@ju.edu