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**REQUEST AND AGREEMENT FOR FUNDS ADVANCE**

**MUST BE RECEIVED IN DISBURSEMENTS AT LEAST TWO WEEKS PRIOR TO BEGIN DATE OF EVENT**

Payee

Address

ID or SSN

Begin Date of Event End Date of Event

Destination:

**All receipts and unused funds are due to the Disbursements Office no later than 10 days from the end date of the event.**

**Advance Budget**

|  |  |  |
| --- | --- | --- |
| Expenditure Type | Budget Number | Amount |
|  |  |  |
| Hotel |  |  |
| Ground Transportation |  |  |
| Vehicle Rental |  |  |
| Food |  |  |
| Entertainment |  |  |
| Other |  |  |
|  |  |  |
|  | Total |  |

I, the payee, understand that fraudulent use or other misuse of this cash advance is grounds for revocation of Funds Advance privileges and may lead to disciplinary action, up to and including termination of employment. Should I fail to use this Funds Advance properly, or fail to return all receipts and unused funds to Disbursements by the due date, I authorize Loyola University Maryland to deduct from my salary or from any other amounts payable to me, an amount equal to the total of the improper purchases and/or un-receipted amounts. I also agree to allow Loyola University Maryland to collect any amounts owed by me even if I am no longer employed by the University. If Loyola University Maryland initiates legal proceedings to recover amounts owed by me under this Funds Advance Request, I agree to pay legal fees incurred by the University in such proceedings.

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Payee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date