

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