



# Jackson State University Travel Advance Request

<b>Traveler Name</b>	
<b>J - Number</b>	
<b>Email Address</b>	
<b>Telephone</b>	
<b>Destination</b>	
<b>Departure Date</b>	
<b>Return Date</b>	
<b>Index Code</b>	
<b>Fund</b>	
<b>Organization</b>	
<b>Account</b>	
<b>Program</b>	
<b>Total Advance Requested</b>	

**IMPORTANT NOTICE**

By signing and submitting this form you agree that the requested funds will be used for the purposes stated in the University Travel Request.

Failure to provide an expense report with valid receipts within 10 days of your return date can result in a paycheck deduction to cover the amount of funds advanced to you.

**Traveler Signature**

---

**Approval Signature**

---

OFFICIAL USE

Invoice Number	
Check Number	
Clearance Entry	