



Jackson State University Travel Advance Request

Traveler Name	
J - Number	
Email Address	
Telephone	
Destination	
Departure Date	
Return Date	
Fund	
Organization	
Account	
Program	
Total Advance Requested	

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	