University of Central Oklahoma
Travel Card/Cash Advance Request Form
*Form must be completed and turned in at least 3 weeks prior to travel date.

☐ Request Declining Balance Travel Card (first time users only)
  Date of Birth: ___________ Mother’s Maiden Name: ____________________________

☐ Reactivate/Load funds to Travel Card (existing or previous cardholders)

☐ Purchase Airfare (Travel Office Purchase) Is this a deposit? ☐ Yes ☐ No

☐ Request Cash Advance Check *Not to be used for reimbursement

Cardholder/Payee Name: ________________________________________________
*First time cardholders: Banner ID #: __________ Email: __________ Home Address: __________________________________

Trip Information:
Group Name: __________________________ Department: __________________________
Trip Dates: ________________ Phone Ext.: __________
Destination: __________________________
Number of Attendees: Faculty/Staff: ______ Students: ______

The Faculty/Staff is requesting reimbursement for out of pocket expenses via: Concur ☐ TC ☐
* Please note that reimbursement cannot occur until the travel packet has been turned into the travel office and reconciled

I have read the information for the UCO Risk Management Foreign Travel Requirements: ☐

Authorization and Approvals (Other than Cardholder/Payee):
Primary Contact: __________________ Secondary Contact: __________________
Total Amount for Trip: $ __________ Total of Funds for Travel Card: $ __________
Organization Number(s): __________________
Financial Manager(s) Printed Name* __________________ Financial Manager(s) Signature __________________
*If same as Cardholder/Payee, a higher-level signature, i.e. dean or chair, is required

Vice President Signature: __________________ or “S” Org Approval: __________________

Designated Cardholder/Payee: As a cardholder of a UCO Declining Balance Travel Card or Payee of a UCO Check
for cash advance, I agree to accept responsibility for the protection and proper use of this card/check, and understand that
I am required to turn in all receipts and the card into the UCO Travel Office, ADM 109, within 14 days of the
conclusion of the trip. I also certify that I have read and understand the Policy and Instruction Sheet for Group Travel.

Liability Clause: By executing this request, I authorize UCO, in accordance with Oklahoma Department of Labor
regulations, to deduct from wages or salary the full amount of the funds requested and approved if appropriate receipts
and/or remaining cash are not returned within 14 days of the conclusion of the trip.

Cardholder/Payee Printed Name __________________ Cardholder/Payee Signature __________________ Date ________________

Upon completion, submit to the UCO Compliance Office. You will be contacted when the Travel Card and/or packet are ready for
pickup.

Updated 09/22/20