

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.