

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.

