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Request Information

Payee Name: Payee ID:
Encumbrance/PO Number: Request Amount:
Travel Dates:
Travel Purpose:
Return Receipts Date (last day of travel plus 10 business days) :

Certification

I, _____, certify that the payment requested/referenced above is an advance payment for which I will submit receipts and any unused funds to the Comptroller's Office (Cashier's Window) by the Return Receipts Date indicated above, but not later than five (5) business days after the date of this form or the end date of travel.

I understand and agree that:

1. Any funds not used per the original submission must be remitted to the Cashier's Window and a receipt must be obtained.
2. I must submit a copy of the receipt obtained from the Cashier's Window for unused funds, to the Comptroller's Office as part of my Travel Expense Report, by the Return Receipts Date listed above.
3. I am personally liable for any breach of the above stipulations and agree that and hereby authorize any such breach to be withheld/deducted from my first available payroll check or direct deposit.
4. The amount I receive may be less than the amount requested and I will only be liable up to the amount received.

Requestor's Signature

Date