

PAYROLL DEDUCTION AGREEMENT FORM

Date of Travel:

Travel Destination:

Contact Phone Number:

I, _____ will be responsible for all CBA transactions in the amount of: \$ _____ associated with my travel.

I fully understand that all original itemized receipts must be turned in to the Travel Department no later than *Fifteen (15) working days* from the date of the expiration of travel. I also understand that failure to comply with the above agreement will result in an *automatic payroll deduction for the entire amount without further notice*. If a reimbursement is due to me as a result of a payroll deduction, I understand I will receive my reimbursement within *fifteen (15)* working days after the report and original receipts are

submitted and/or final balance is cleared. Finally, I understand that if I am payroll deducted twice in one fiscal year due to noncompliance with the travel procedures or if I fail to comply with any other terms of this agreement, I will lose my privilege for receiving future travel advances for the remainder of the current fiscal year.

_____	_____	_____
<i>Date</i>	<i>Signature of Traveler</i>	<i>U Number or Last four of SSN</i>

FOR TRAVEL DEPARTMENT USE ONLY

DATE RECEIVED: _____	
RECEIPT(S) DUE DATE: _____	AMOUNT CHARGED ON CBA CARD: _____
_____	_____
<i>DIRECTOR OF TRAVEL SERVICES/DATE</i>	<i>AVC FOR FINANCIAL AFFAIRS/DATE</i>
_____	_____
<i>CHANCELLOR/DATE</i>	<i>VC OF FINANCE AND ADMINISTRATION/DATE</i>