



**TRAVEL CASH ADVANCE RETURN
DEPOSIT FORM**

Date Name of Traveler Name of Travel Expense Report Department

Reason for Deposit:

DEPOSIT BREAKDOWN

Fund - Account: 111000 - 105425 **TOTAL DEPOSIT** *Amount must equal
Total Deposit below*

TENDER BREAKDOWN

Cash

Checks

MasterCard

Visa

Discover

TOTAL DEPOSIT *Amount must equal
Total Deposit above*

Send deposit receipt to: Name Room# Building

Deposit submitted by: Name Ext

For questions on completing this form, contact Travel Services at ext 3210. For questions on deposits, contact the Office of the University Bursar at ext 3136.