

State of New York
SUNY New Paltz

APPLICATION FOR TRAVEL ADVANCE

Name Social Security #

Department Dept Phone # Account # Amount

Purpose of Travel: _____

Travel Dates: _____ Destination: _____

In consideration of the amount received by me from the State of New York as an advance for travel expenses to be incurred by me in the performance of my duties, in accordance with the Rules and Regulations of the Office of the State Comptroller, I hereby agree:

- a. To account promptly and completely for the money advanced to me:
- b. In the event of my resignation or separation from the service of the State or failure to account, the State of New York shall be immediately entitled to the return of the sum advanced to me or any part thereof.
- c. The State may deduct said amount from any monies due or accruing to me from the State, at the time of my resignation, separation, transfer to non-travel status, or failure to account. If there are not sufficient monies due or accruing to me from the State at the time of my resignation or separation, or if I shall fail to promptly account, the State may enter judgement against me without further notice to me for the sum still owing by me to the State of New York, as certified to the Office of the State Comptroller by the issuing officer or my agency.

I have read and consent to the terms and conditions set forth above.

Signature of Applicant Date

Signature of Supervisor Date

Check #	Date	Amount	Check received by