

LAMAR UNIVERSITY AT BEAUMONT  
TRAVEL ADVANCE AGREEMENT

Date: \_\_\_\_\_

I hereby acknowledge receipt of a \$ \_\_\_\_\_ travel advance from Lamar University at Beaumont for the following trip:

Destination: \_\_\_\_\_

Travel dates: \_\_\_\_\_ to \_\_\_\_\_

I understand and agree that the University is not obligated by law to provide me a travel advance, which is provided solely for my convenience and benefit. Therefore, in consideration of receipt of this travel advance, I hereby acknowledge my debt to the University, which I agree to repay in accordance with the following terms and conditions:

When my Travel Voucher form is processed upon my return from this trip, my expense reimbursement will be applied first to my travel advance. Any reimbursement in excess of my travel advance will be paid to me by check.

If my travel expense reimbursement is less than my travel advance, I will remit the difference to the University Cashier's Office upon my return to campus.

I will remit my travel voucher within ten (10) working days after my travel is complete and upon my return to campus. If after thirty (30) days my Travel Voucher has been submitted and I still owe a balance on my travel advance, I hereby agree to repay the University by payroll deduction until the travel advance is repaid in full. I understand that my failure to comply with these regulations for travel advances will cause me to lose this benefit for future travel.

If I should terminate my employment at the University, I agree to pay all outstanding travel advances immediately. If for some reason I do not settle up my account at termination, I further agree and authorize the travel advance to be deducted from my final paycheck, vacation payoff, retirement benefit, or other amounts owed to me by the State of Texas or the University after taking into account any approved travel expenses submitted by me.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Authorized Representative  
by and on behalf of  
Lamar University at Beaumont

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed or typed name

\_\_\_\_\_  
Social Security Number