

TRAVEL CASH ADVANCE AGREEMENT

University of Rhode Island Travel Cash Advance Agreement

Name: _____

Date: _____

Amount: _____

Purpose: _____

The advance must be cleared, with original receipts for all the expenses, and/or remaining funds should be reimbursed to URI in the form of a check, payable to the University of Rhode Island, within 10 days of completion of the travel.

By signing this memo, you have agreed to the above procedures with regards to clearing the cash advance.

If you have any questions, please contact [Lori Johnson](#) at (401) 874-4015