

**IOWA STATE UNIVERSITY  
CASH ADVANCE / PAYROLL AUTHORIZATION**

In consideration of receiving a cash advance to facilitate my travel I agree to provide an accurate accounting, together with appropriate documentation, for the travel advance funds within **thirty** working days after completion of the travel. By providing the information below, I authorize Iowa State University to withhold the amount of the cash advance from my paycheck if an accurate accounting is not provided by me within the stipulated time in accordance with ISU policies and procedures.

I understand that this charge will be put on my Accounts Receivable account and is subject to finance charges if past-due.

**Requester Information:**

\_\_\_\_\_  
Name – Please print

\_\_\_\_\_  
Submission Date

\_\_\_\_\_  
ISU ID Number (9 digits)

**Program Information:**

\_\_\_\_\_  
Dates of Travel

\_\_\_\_\_  
Amount Requested

\_\_\_\_\_  
Program City/ Country

\_\_\_\_\_  
Business purpose of cash advance request

\_\_\_\_\_  
Signature of Traveler