**Black Hills State University**

**Business Office**

1200 University St. Unit 9505

Spearfish, SD 57799-9505

Phone: 605.642.6821

Fax: 605.642.6055

**STUDENT ACTIVITY TRAVEL ADVANCE REQUEST**

*(CASH ADVANCE CHECKS MUST BE PICKED UP AT THE CASHIER’S OFFICE)*

**Requesting Group:**

**Number of Individuals Traveling:** *(Attach a list of all individuals traveling.)*

**Departure Date & Time:**

**Return Date & Time:**

**Name of Requestor:ID Number:**

**Amount Requested:Submission Date:**

**FOP:**

**Date Advance is Needed:**

*(Advances require 10 working days for processing after the request reaches the Business Office.)*

**Travel Destination:**

**Purpose of Travel:**

**When submitting this form, a copy of the approved travel request must be attached.**

**THIS ADVANCE IS A PERSONAL LIABILITY**. The advance must be repaid and/or a travel payment detail, including original documents/receipts with specific dates, must be submitted within thirty (30) days of the traveler’s return. (*Per Board of Regent’s policy 5:21, employee debts to their institutions may be satisfied through voluntary or involuntary deductions from salary, or they may be referred to a collection agency.)*

**I understand that I am responsible for repaying the advance as stated above:**

**Signature of Requesting Party:Date:**

**Signature of Authorizing Party: Date:**