UNIVERSITY OF MARYLAND, BALTIMORE COUNTY

Application for Working Fund Employee/Travel Advance

Check One:

 Travel Advance Date: .

 Other E-Travel Document No: .

 (if applicable)

Advance check for:

Name: . Employee I.D.: .

Department name and I.D. number: .

Amount: .

Reason: .

 .

Please contact .on extension . when check is ready

APPROVED

By: .

Date: .

 I, ., understand and acknowledge my obligation to the University of Maryland, Baltimore County for the amount above. The University will recover any outstanding amount owed in part or in full by payroll deduction if for any reason:

* The employee is unable to return money or receipts owed to reconcile the advance from the Working Fund
* The employee is terminated from his or her service (deduction will occur out of the last paycheck).
* Recovery of the payroll deduction could not occur for any reason. Payment would then need to be made directly to the Working Fund.

W.F. Check No. . Check Date: . Amount:$ .

 .

Employee Signature

 .

Date