

CASH ADVANCE AGREEMENT

CheckAmount: _____

Name: _____

Department: _____

I promise to pay to the University of Connecticut the amount of the above referenced advance, less the appropriate deduction for approved expenses incurred in accordance with University policy, without interest, in accordance with the following terms.

Evidence of Expenses

I will submit required documents for reimbursement, including supporting receipts, to the Office of Travel Services in accordance with the schedule selected below:

- Research (Grant and Non-Grant Funded)** – Every 30 days from the start of the study and a final close-out submission within 30 days of the end of the study.

Final Reconciliation

In the event the advance I received is **MORE THAN** the total expenditures approved by my Department's Fiscal Officer and the Office of Travel Services, I will return any and all excess funds. I agree to return all excess funds within 15 business days of the final approval of the supporting receipts/documents by the Office of Travel Services and understand that if I do not adhere to the terms of this Agreement, including the established timelines, the repayment of my advance will be deducted from my paycheck and I may be denied future advances.

I understand that by signing this agreement I am authorizing the University to deduct from my paycheck any excess fund identified by University that I have not repaid in a timely manner. Additionally, any failure by me to file the required evidence of expenses or repay excess funds by the applicable final close-out date will subject me to reasonable costs of collection including but not limited to attorney's fees and court costs if required to enforce this agreement.

If the advance is **LESS THAN** the total expenditures approved by my Department's Fiscal Officer and the Office of Travel Services, the advance receivables account will be credited appropriately by the Office of Travel Services and a check will be provided to me for the difference.

I agree that I am receiving funds from the State of Connecticut, and I understand that I am personally responsible for them whether or not my employment continues with the State of Connecticut, and whether the funds are lost or stolen. I agree to notify the University of Connecticut Police, my Department's Fiscal Officer and the Office of Travel Services **IMMEDIATELY** should a loss, theft, or mysterious disappearance of the funds occur.

Signature

Date: _____