

OVERSEAS TRAVEL CASH ADVANCE REQUEST FORM

(Non ACU Purchase Card Holders)

Staff ID Number:

Date:

Staff Name:

Advance details: (Please state dates of travel and nature of business-related activity)

In accordance with the ACU policy, I agree to submit an Advance Acquittal Form (with all receipts) and repay any unspent funds within 14 days upon return. If the advance is not acquitted and unspent funds returned within this period, I hereby understand that my grade will be withheld.

[ACU Travel Policy](#)

**All expenditure claimed must be for university business purposes only and within the Staff reimbursement of expenses policy.*

Claimant Signature:

Date:

Please supply bank account details:

BSB

Bank Account Number

Finance Account code strings:

Entity XX	Project code XXXXXX	SoF XXX	Natural Account XXXXX	Amount \$
			41108	\$
			41108	\$
			41108	\$
*Total				\$

Approval details:

Authorising Signature: Date:

(As per Financial Delegations)

Name of Signatory: Date:

Please send the completed form in pdf format to Accounts Payable accountspayable@acu.edu.au for processing.

Overseas Travel Cash Advance – Budget breakdown:

Description of expense	Approx Amount \$
	\$
	\$
	\$
	\$
Total	\$