## **Cash Advance Agreement for Travelers**

As a representative of the University of Arkansas, Fayetteville, I may be authorized to travel on behalf of the University of Arkansas. By signing below, I certify that I have read, understood, and agree to comply with the requirements of Fayetteville Policies and Procedures 332 (FPP 332), including any future updates to FPP 332. I further understand that failure to follow the requirements may result in loss of travel advance privileges and other consequences outlined in FPP 332, such as payroll deductions and student account restrictions.

Signature	Date
Printed Name	Department
University ID Number	Work Telephone Number

Please attach this form to your Spend Authorization in Workday.