GILA COUNTY
TRAVEL CASH ADVANCE REQUEST

(Form TCA01)

Employee: _____ **Employee ID No.:** _____

Department: _____ **Account Code No.:** _____

Date: _____ **Amount:** $ _____

Dates of Travel: **From** _____ **To** _____

Attach Pre-Travel Authorization Form - Properly Completed and Approved

NOTE TO EMPLOYEE :

If travel cash advances made by Gila County to an employee are not reimbursed or a Travel Expense Report has not been completed within 20 days after completion of travel, such advances may be deducted from any salary or wages or travel expense reimbursement due to the employee.

I hereby authorize Gila County to assign my travel claim, or claims, to the Finance Department Travel Advance Fund as repayment of the travel advance given to me. I further agree that if the amount of the claim is less than the amount advanced to me, I will return the difference to the Travel Advance Fund within 20 days from the date on which travel was completed.

_____ _____

Employee Signature **Date**

I hereby certify the above named employee will be traveling on authorized county business.

_____ _____

Department Head/Elected Official Signature **Date**

Finance Department:

Check/Warrant No. _____

Amount $ _____

_____ _____

Finance Department Signature **Date**