

AC 1214

APPLICATION AND ACCOUNT FOR TRAVEL ADVANCE

Name (Print)

Department or Agency

Organizational Unit

Contact: _____

I request a travel advance for:

Continuing travel \$ _____

Occasional travel of _____ day's duration \$ _____

I have read and consent to the terms and conditions set forth on this reverse side of this form.

Remarks:

Mali check to:

Print name

Signature

Date

Supervisor name

Signature

Date

Business Manager

Signature

Date

Index: _____

Fund: _____

Org: _____

AGREEMENT

In consideration of the amount received by me from the State of New York as an advance for travel expenses to be incurred by me in the performance of my duties, in accordance with the Rules and Regulations of the Department of Audit and Control, I hereby agree:

1. To account promptly and completely for the money advanced to me;
2. in the event of my resignation or separation from the service of the State of New York shall be immediately entitled to the return of the sum advanced to me or any part thereof
3. The State may deduct said amount from any monies due or accruing to me from the State, at the time of my resignation, separation, or failure to account. If there are not sufficient, monies due or accruing to me from the State at the time of resignation or separation, or if I shall fail to promptly account, the State may enter judgment against me without further notice to me for the sum still owing by me to the State of New York, as certified to the Department for Audit and control by the issuing officer or agency