

Johns Hopkins University  
Accounts Payable Shared Services Travel Unit  
**Travel Advance Recovery**

Name of Traveler: \_\_\_\_\_ TRIP #: \_\_\_\_\_

Traveler Personnel Number: \_\_\_\_\_ University Phone #: \_\_\_\_\_

University Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I agree that the actual travel expense will be reported on the SAP Travel and Business Expense Reimbursement Report and will be submitted no later than two weeks following the termination date of travel. I hereby authorize Johns Hopkins University to deduct the travel advance from my salary if I do not report actual travel expenses on such form in an acceptable and timely manner.

\_\_\_\_\_  
Signature of Traveler                                  Printed Name                                  Date

\_\_\_\_\_  
Department or DBO Authorization                  Printed Name                                  Date

To ensure a quick turn around, the form should be faxed (443-997-3554) to Accounts Payable Shared Services; although, a paper copy through the mail will be accepted. Your advance will not be processed until the Travel Advance Recovery form is received.

Accounts Payable Shared Services Travel Unit  
Johns Hopkins at Keswick  
3910 Keswick Road, 4th Floor  
Baltimore, MD 21211