Georgia State University
Study Abroad Programs

Program Director Cash Advance Agreement

Study Abroad Program Title: ____________________ Trip Dates: _______________

Study Abroad Account Information    _______________________________________

Trip Return Date: ___________

I, ____________________, Program Director for the above-referenced Study
Abroad Program hereby acknowledge receipt of funds advanced in the amount of
$__________. I understand and agree that these funds may only be used for the
expenses related to this Program. I further acknowledge and agree that all
purchases of goods and services must by properly documented with original receipts
and invoices which documentation, together with an expenditure accounting
summary, reconciled to the American dollar, must be submitted to Georgia State
University for reconciliation within thirty (30) days of completion of the Program.

I understand and agree that I am personally responsible for the proper safekeeping
and use of all cash advance funds made available to me pursuant to this Agreement
and that I may be held personally liable for unauthorized expenditures, shortages or
losses resulting from negligent management of the funds.

____________________________
Signature of Program Director

____________________________
Name of Program Director (Please Print)

____________________________
Title & University Department

Check No or Wire Trf Doc.:  ____________________________  Office Use Only

Check or Wire Trf Date:        ____________________________

Date Receipts/Reconciliation Due:  ____________________________

Revised 5/2008