## **Employee Travel Agreement**

Ι	, understand that my posi	tion at Arizona
Western College may require me to travel that Arizona Western College has a Travel traveling, to ensure that I am familiar with	el Policy and I agree to read the n	_
I agree that I will follow the College's Travel. Also, I agree to submit the proper required receipts within 8 business days of	claim form for reimbursement, a	along with the
If my claim form, appropriate receipts, and excess advance dollars are not submitted within the 8 business day deadline, I will forfeit any reimbursement from my travel, but the excess advance dollars are to be paid immediately.		
Failure to comply with this agreement may result in either revocation of my travel privileges or other corrective action.		
My signature below indicates that I have agreement.	read and will comply with the ter	rms of this
Printed Name		
Signature	Date	,

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