

# Operational Advance Promissory Note

For value received, I \_\_\_\_\_, promise to pay The University of Arizona, Tucson, Arizona, the principal sum of \_\_\_\_\_ (\$\_\_\_\_\_).

Payments will be made until paid in full and must be completed by \_\_\_\_\_ (DUE DATE).

I understand that the University shall not impose a penalty for prepayment in whole or in part, and that this Promissory Note is governed as to validity, interpretation, construction, effect, and in all other respects, by the laws of the State of Arizona.

My signature indicates my intent to comply with the policies and procedures set forth in the Financial Policies and Procedures Manual, 9.15 (<http://www.fso.arizona.edu/fso/deptman/9/915opadv.html>), Operational Advances and should be settled by the due date. My signature acknowledges my intent to properly disburse and account for the funds within UA guidelines and, if a sponsored project account, within the sponsor's guidelines.

If the actual expenses are less than the advance, a check or money order, made payable to The University of Arizona in the amount of the difference should be attached to the Check Request submitted in settlement of the advance. If the actual expenses are greater than the advance, a check payable to the employee will be generated for the difference after approval of the settlement.

If this note is not paid by the due date, I authorize repayment of this advance by payroll deduction at a rate necessary to repay the note.  (Initials) In the event of severance of my employment with The University of Arizona, the advance shall become due and payable immediately. Should it become necessary to enforce collection of this advance, or any part thereof, by suit or otherwise, I do further agree to pay any and all costs of collection including a reasonable attorney's fee. Such authorization is granted by my signature which also attests to my current status as an employee.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

ACCOUNT NUMBER: \_\_\_\_\_ Object Code: 8310

EMPLOYEE ID NUMBER: \_\_\_\_\_

DEPT #: \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

*(For Internal University Control Purposes Only.)*