

**Cheatham County School District**  
**Payroll Deduction Authorization**

Employee Name: \_\_\_\_\_

Reason for Payroll Deduction Authorization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I have received a Travel Advance in the amount of \$\_\_\_\_\_ to be used for official travel related to my employment with the Cheatham County School District.

Within five (5) calendar days after my travel is complete, I will submit a Travel Expense Reimbursement Claim Form to substantiate the travel costs incurred and apply the travel advance funds received towards the cost of the travel.

If I do not submit the required Travel Expense Reimbursement Claim Form as prescribed herein, I hereby authorize the Cheatham County School District to process a payroll deduction on my next paycheck to repay the amount of the Travel Advance received. If my next paycheck is not sufficient to repay the Travel Advance, I authorize payroll deductions from each subsequent paycheck as needed to fully repay the total amount of the Travel Advance.

In the event my employment with the Cheatham County School District is terminated prior to repayment of the travel advance, I acknowledge and understand that the unpaid balance will be immediately due and payable. If I fail to repay this amount, the Cheatham County School District is authorized to deduct the amount due from my final paycheck.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Employee Social Security Number: \_\_\_\_\_