



JCEP PROMISSORY NOTE FOR TRAVEL ADVANCE

It is agreed that within 15 days after _____ (date of return from travel)
vouchers/receipts covering the prepaid expenses of this trip will be filed and this will satisfy the
pre-payment portion of expenses incurred.

IF TRAVEL IS NOT PERFORMED AS INDICATED AS OFFICIAL BUSINESS FOR THE
JOINT COUNCIL OF EXTENSION PROFESSIONALS, I PROMISE TO PAY TO THE
ORDER OF THE JOINT COUNCIL OF EXTENSION PROFESSIONALS \$ _____
at the National JCEP Office, 450 Falls Avenue, Suite 106, Twin Falls, ID 83301-2307, for
VALUE RECEIVED.

IF I FAIL TO COMPLY WITH THIS AGREEMENT, I FORFEIT MY RIGHT FOR FUTURE
TRAVEL REIMBURSEMENTS FROM JOINT COUNCIL OF EXTENSION PROFESSIONAL
FUNDS.

(Signed): _____ Date: _____

For Office Use Only

Check Amount: _____ Check Number: _____ Date: _____