

Travel Expense Reports (TER) Direct Deposit

AURA Central Administrative Services (CAS) is now able to process expense reimbursements via direct deposit to accounts at U.S. based banks. If you are interested in receiving your travel or other expense reimbursement as a direct deposit into your checking or savings account, please complete the Authorization for Direct Deposit (page 2). Once you have completed the form, you may scan it to AccountsPayable@aura-astronomy.org. Please password protect your document using the password "apconfi." Note that you must have an email address and a US bank account to use this direct deposit accounting feature. *Please- do not send this form to Erin Carlson or your local Administrative Assistant.*

Once your bank data is received, a pre-note with JP Morgan Chase will be administered to ensure the validity of the data within the system. Following that process, all reimbursements due to you will be managed via direct deposit until and/or unless we receive written instructions from you to cease. Please direct any questions to Kellana DeBruce- Williams at KDeBruceWilliams@aura-astronomy.org.

Since most reimbursements are related to travel, you may want to periodically review the [Rubin Travel Procedure](#) or contact Erin Carlson (ecarlson@lsst.org), (520) 490-9831 for specific travel and travel reimbursement questions. Note that Travel Requests should be submitted *at least 21 days* before the trip start date or earlier if known, and Travel Expense Reports should be submitted *no later than 10 days* after the travel return date.

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize AURA to initiate credit entries and, if necessary, debit entries to correct and adjust any erroneous credit entries to my account(s) indicated below and the depository named below to credit and/or debit the same to such account.

Electronic Deposit Action (check one): New ☐ Change ☐ Stop ☐

Note: It could take up to two weeks before the deposits to the new bank or account will take effect.

MAIN DEPOSIT INFORMATION:

Bank Name _____

Address _____

Bank Routing Number _____ Account No _____

Checking ☐ Savings ☐

This authorization is effective until you receive written notification from me.

Please attach a voided check or form from your financial institution showing routing/transit and account numbers.

Name _____

Signed _____ Date _____

E-mail _____

FOR ACCOUNTING USE ONLY

Entered by _____ Date Entered _____