



ESP 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 EPSILON SIGMA PHI, I PROMISE TO PAY TO THE ORDER OF EPSILON SIGMA PHI \$ _____ at the National ESP 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 EPSILON SIGMA PHI FUNDS.

(Signed): _____ Date: _____

For Office Use Only

Check Amount: _____ Check Number: _____ Date: _____
