



Request for Travel Advance

Please fill out this form on the computer:
For best results, download it first and open in Adobe Acrobat Reader.

Name: _____ School/Department: _____

Destination: _____

Departure Date: _____ Return Date: _____

Date to pick up check: _____ (Attach copy of the approved travel request form)

ESTIMATED COSTS

TRANSPORTATION:..... \$ _____

MEAL ALLOCATION:

Note: Travel status must begin three (3) hours prior to meal to establish eligibility for entitlement to such meal. Do not include meals provided as part of registration.

MEAL PER DIEM Breakfast \$15; Lunch \$20; Dinner \$30:..... \$ _____

OTHER COSTS Tolls, Taxi, Parking, etc.: \$ _____

AMOUNT OF TRAVEL ADVANCE REQUESTED: \$ 0 _____

I understand that:

- A travel expense reimbursement claim form is to be submitted to the Business Office within the ten (10) days following completion of travel.
- If the travel advance is in excess of the Travel Expense Reimbursement Claim a refund of the difference is to be attached.
- Failure to comply may result in the advance being deducted from my next payroll warrant.

Employee Signature: _____ **Date:** _____

Send this form to Business Services. Retain digital copies of form and supporting documents for your records.

OFFICE USE ONLY

Travel Advance Issue:

Check No. _____ Amount: _____

Recipient Signature: _____ Date Received: _____

Custodian Signature: _____