

# TRAVEL ADVANCE REQUEST

## GENERAL (Please print)

Employee's Name: \_\_\_\_\_ School or Department: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SSN: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Destination: \_\_\_\_\_

Return Date: \_\_\_\_\_

Purpose of Travel (Include name of conference, seminar, etc.): \_\_\_\_\_

## ESTIMATED EXPENSES

1. Airfare (Attach Receipt) ----- = \$ \_\_\_\_\_

2. Daily Meal Allowance -- # Days \_\_\_\_\_ X Allowance Per Day \$ \_\_\_\_\_ = \$ \_\_\_\_\_

3. Lodging ----- # Nights \_\_\_\_\_ X Allowance Per Night \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(Attach Hotel Confirmation)

4. Registration Fee (Attach Receipt) ----- = \$ \_\_\_\_\_

5. Other \_\_\_\_\_ = \$ \_\_\_\_\_

Total of Estimated Expenses ----- = \$ \_\_\_\_\_

Amount of Advance Requested ----- = \$ \_\_\_\_\_

## ACKNOWLEDGEMENT & APPROVAL

I am accepting a travel advance for the estimated expenses approved by this request and agree that the funds will be used exclusively for the purpose stated above. I agree to submit a completed Employee Expense Statement with required receipts to the Board Office within 10 working days after the completion of the trip. If expenses incurred exceeds travel advance, the difference will be paid to me by the LCBOE. If the travel advance exceeds expenses incurred, I must submit the unused funds to the LCBOE along with the Employee Expense Statement. In the event that any unused funds are not repaid within the prescribed time, or if I fail to provide the documentation for this trip in accordance with travel procedures, **the advance will be deducted from my payroll check.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Finance Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE OF ACCOUNTS PAYABLE USE ONLY

Check #: \_\_\_\_\_ Check Amt.: \_\_\_\_\_

Received by:

Account: \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Reconciliation Due By: \_\_\_\_\_