



**VENTURA UNIFIED SCHOOL DISTRICT
CASH ADVANCE TRAVEL REQUEST**

FULL NAME		EMPLOYEE ID	
NAME OF CONFERENCE			
BUSINESS PURPOSE			
TRAVEL DEPARTURE DATE		TRAVEL RETURN DATE	

Description of Expense	Amount Requested	Amount Approved
Total Expenses for which Cash Advance Requested	\$ 0.00	\$ 0.00

FUNDING

FUNDING SOURCE	

EMPLOYEE: I HEREBY CERTIFY the above cash advance is necessary to conduct official business on behalf of Ventura Unified School District and agree to submit my Travel Expense claim within 10 days from the return date.

APPROVER: I am authorized to approve this cash advance, as it serves a VUSD business purpose, and I certify that adequate funds are available.

APPLICANT'S SIGNATURE	DATE
APPROVED BY PRINCIPAL	DATE
APPROVED BY SPECIAL PROJECTS/DEPT. HEAD/SUPERVISOR	DATE
APPROVED BY ACCOUNTING - ACCT#/FUNDING AVAILABILITY	DATE
APPROVED BY SUPERINTENDENT	DATE

NOTE: ALL TRAVEL FOR BUSINESS PURPOSES MUST BE APPROVED IN ADVANCE OF TRAVEL TO BE ELIGIBLE FOR REIMBURSEMENT. SUBMIT THE FINAL APPROVED REQUEST TO ACCOUNTING@VENTURAUSD.ORG OR ACCT-ESC.