



**TRAVEL ADVANCE REQUEST FORM**

EMPLOYEE'S NAME			EMPLOYEE'S PAYROLL ID# <b>E -</b>
EMPLOYEE'S HOME ADDRESS			DEPARTMENT NAME
STREET			DEPARTMENT PHONE #
CITY	STATE	ZIP CODE	REQUISITION # <b>X -</b>

We certify that the following expenses will be charged and incurred in accordance with College Policy and reimbursement will not be provided by any other source.

AUTHORIZING SIGNATURE

\_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Please Print) » NAME \_\_\_\_\_ » TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DESTINATION \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_ RETURN DATE \_\_\_\_\_

EXPENSES TO BE CHARGED TO: COST CENTER \_\_\_\_\_ OBJECT CODE \_\_\_\_\_

ITEMIZATION OF FUNDS TO BE ADVANCED : (ATTACH ALL AVAILABLE DOCUMENTATION)

<u>Description of Expenses</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
TOTAL ADVANCE REQUESTED	_____

**A TRAVEL & BUSINESS EXPENSE REPORT MUST BE SUBMITTED TO THE ACCOUNTING OFFICE WITHIN 15 BUSINESS DAYS AFTER THE RETURN DATE INDICATED ABOVE.**

FOR ACCOUNTING USE ONLY

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_