

Seventh Avenue at 27 Street New York City 10001-5992 www.fitnyc.edu

TRAVEL ADVANCE REQUEST FORM

EMPLOYEE'S NAME		EMPLOYEE'S PAYRO	DLI ID#		
EMI LOT LE GIVANIL		E -	JEE ID		
EMPLOYEE'S HOME ADDRESS		DEPARTMENT NAM	Е		
STREET		DEPARTMENT PHON	DEPARTMENT PHONE #		
CITY	STATE ZIP CODI	`			
		X –			
We certify that the following expenses will	he charged and incurred in acc	ordanaa with Callaga Paliay a	nd raimhurgam	ent will not be	
provided by any other source.	be charged and incurred in acc	cordance with Conege Policy at	na reimbursem	ent win not be	
AUTHORIZING SIGNATURE					
EMPLOYEE'S SIGNATURE	DATE				
	(Please Print)	NAME	» TITLE	DATE	
	(Ficase Fillit)	/ NAME	// IIILL	DAIL	
DUDDOGE OF TRAVEL					
PURPOSE OF TRAVEL:					
DESTINATION	DEI	PARTURE DATE	RETURN	DATE	
EXPENSES TO BE CHARGED TO: COST CENTER OBJECT CODE					
ITEMIZATION OF FUNDS TO BE ADVA	NCED: (ATTACH ALL AVAIL	ABLE DOCUMENTATION)			
Description of E			Amazzat		
<u>Description of E</u>			<u>Amount</u>		
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			<u> </u>		
	TOT	AL ADVANCE REQUESTED	_		
A TRAVEL & BUSINESS EXPENSE R		TED TO THE ACCOUNTIN	G OFFICE W	TTHIN 15 BUSINESS	
DAYS AFTER THE RETURN DATE IN	NDICATED ABOVE.				
		FOR ACCOUNTING US	E ONLY		
		Reviewed by:	Date		