**Request for Travel Advance**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date |   |  | Date Payment Required |   |

|  |  |
| --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Person ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Department Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Destination(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates of Travel | From |   | To |   |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose of Travel (Name of conference, etc.) |  |  |  |
|   |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Estimate of Total Expenses |   |  | Advance Requested |   |  |

ALL ADVANCE REQUESTS REQUIRE APPROVAL FROM THE APPROPRIATE SIGNING AUTHORITY

Advances will be charged to the applicable department’s operating account. However, please indicate the speed code the travel claim will be expensed to:

|  |  |  |
| --- | --- | --- |
| Speed Code  |   |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Detailed Budget |  |  |  |  |  |  |
|   |
|
|

|  |
| --- |
| **SIGNATURES** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Printed Name | Signature | Date |
| Claimant |  |  |  |
| One Over One Authorization |  |  |  |
| Financial Authority (if applicable) |  |  |  |