CUBO 301 (a)
4/07

REQUEST FOR OFFICIAL TRAVEL ADVANCE

DO NOT WRITE IN THIS SPACE

APPROVED_____

NO._____

RECEIPT NO._____

AMOUNT_____

Name_____
(Last) (First) (M.I.)

E-Mail Address_____

Employee ID #_____Phone_____

Department Number_____

COMPUTATION OF TRAVEL EXPENSE CASH ADVANCE
(Includes meal allowances, taxi/shuttle bus, gratuities)

From_____ To_____
(Date) (Hour) (Date) (Hour)

Destination/Itinerary Synopsis_____

Purpose of Trip_____

Meal Per Diem_____ X # of days _____=_____+ other out of pocket expenses_____=Total Advance_____

Approved By:

_____
(Signature of Dept. Head/Director)

_____
(Printed name of Dept. Head/Director)

I acknowledge receipt of the travel advance amount listed above. I recognize that payment is due within 30 calendar days of my return. By signing below, I preauthorize the amount of the advance to be payroll deducted should I become in arrears. I have read and understand the travel advance policy and procedures.

_____ _____
Signature of Traveler ***Date***

Please bring original + 3 copies (4 total) to the Bursar's Office in G-08 Sikes for the following distribution:
Bursar's Office (disbursement) • Bursar's Office (payment receipt) • Traveler copy • Department copy