

TRAVEL ADVANCE REQUEST AND/OR PRIOR APPROVAL FOR OUT-OF-STATE TRAVEL AND/OR TO INCUR SPECIAL EXPENSES

Routing:
Department Chair/Unit
Director/Supervisor,
College/Division Head,
Office of Business Affairs

Distribution:
Original - Office of Business
Affairs; Photocopy - Employee

TYPE(S) OF REQUESTS

- A. **Travel Advance**
- B. **Out-of-State Travel** (for all funding sources, excluding IFO contract money)
- C. **International Travel** (for all funding sources)
- D. **Special Expenses** - car rental, meals within a work area, meal costs over maximum reimbursement rates, conference and registration fees when over \$1,000.

TRIP DOCUMENTATION

Employee Name (last name, first name)		Home Address (include City, State and Zip Code)			Employee ID (Same Number Used on Payroll Stub)	
Permanent Work Station (include City and State)		Department		Job Title		Barg Unit

1. Describe the event, name of conference, list participants and why the state should fund (if possible, attach a brochure on the event):

2. Date(s) of travel _____ Date(s) of event _____

3. Location(s) of event _____

	Estimated Costs	Travel Advance
4. Registration fee (attach brochure) _____	\$ _____	\$ _____
5. Mode(s) of transportation		
A) Airfare (PO#) _____	\$ _____	\$ _____
B) Car Rental (attach expl. why rental is necessary vs. public trans.) _____	\$ _____	\$ _____
C) Others (specify) _____	\$ _____	\$ _____
6. Lodging _____	\$ _____	\$ _____
7. Meals (description) (number of days _____ x daily rate _____ = _____)	\$ _____	\$ _____
Which exceed maximum state allowance _____		
Within work area _____		
8. Other (specify) _____	\$ _____	\$ _____
Total Estimated Costs ▶	\$ _____	
		Total Advance Request ▶ \$ _____

The above estimate reflects the overall cost of this trip. I acknowledge that I am aware of an automatic recapture of any unsettled travel advances.

Date Check Needed _____ / _____ / _____

Employee Signature Date Work Phone

FUNDING SOURCE(S) AND AUTHORIZATION

- 9. Support from **Professional Development Contract Funds**
conferences, workshops, meetings, training sessions, and seminars sponsored by others, including professional associations and governmental agencies. Cost Center # _____ \$ _____
- 10. Support from **Administrative Travel Allocation**
essential to the continuing operation of University programs and where business cannot be transacted by phone or correspondence (i.e. supervision of students/interns, attendance at required meetings). Cost Center # _____ \$ _____
- 11. Support from Other Accounts: (i.e. **Faculty Improvement Grants, Professional Improvement Funds, Research Grants, Foundation, Activity, etc.**) Cost Center # _____ \$ _____

This authorizes the above travel and commits funds under my authorization to incur a travel advance and to pay the travel related expenses for this trip.

Department Chair/Unit Director/Supervisor Date Work Phone

College/Division Head Date Work Phone

FOR OFFICE OF BUSINESS AFFAIRS – ACCOUNTING USE ONLY														
Distrib %	FY	Fund	Agency	Org	SOrg	Appr	Actv	SObj	Proj	Rpt Cat	Description/Cost Center	Department ID	Expense Group ID	Date
			E26	0071										
			E26	0071										
Customer ID	SSN	Name			Reference	Gl Acct	Gl Object	Amount	Due Date					
					95017	038009	8203							