



Request for Travel Advance

Please type or print in ink

Name: _____

School/Dept/Position: _____

Destination: _____

Departure Date: _____ Return Date: _____

Estimated Out-of-Pocket Expense \$ _____

Travel advances are made through the District's Advance Travel Bank Account for approximately 75% of estimated out-of-pocket expenses. (Requests for advances of 100% of estimated out-of-pocket expenses should be directed to the Accounting Office for approval.) Advances are made in increments of \$5.00 (rounding down), for not less than \$25.00.

Amount of Travel Advance Requested \$ _____

I understand that:

- A Statement of Travel Expenses is to be submitted to the Accounting Office within the fifteen (15) days following completion of travel.
- If the travel advance is in excess of the Statement of Travel Expenses, a refund of the difference is to be attached.
- Failure to comply may result in the advance being deducted from my next payroll warrant.

Employee Signature

Date

FOR ACCOUNTING OFFICE USE ONLY:

Date

Check No.

Account Code

Amount