

Travel Advance Request

FUND	DEPARTMENT	ACCOUNT

TRAVEL AUTHORIZATION NUMBER*

*Required

Employee ID/WIN Number : _____ Date: _____

Employee Name: _____ Phone Number: _____

Employee Address: _____

Business Purpose: _____

Period of Travel From: _____ To _____ Location: _____

Department: _____ Email: _____

[illegible]

I certify that this cash advance request is for University-sponsored travel involving students and is necessary because prepayment or reimbursement is not possible. I understand that the request must be submitted at least 14 days before departure; all expenses must be supported by documentation and reconciled to the full advance amount within 30 days of return; and any unspent funds must be returned to Accounts Payable within that same 30-day period. I acknowledge that failure to reconcile the advance or return unspent funds may result in payroll deduction and/or taxable income, as permitted by applicable requirements. For student per diem advances, I will obtain signed acknowledgments from students confirming receipt of funds.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____