



### Travel Authorization and Advance Request Form

Traveler's Name: \_\_\_\_\_ Intended Date(s) of Travel: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Are Advanced Funds Being Requested: \_\_\_\_ Yes or No \_\_\_\_\_

#### Estimated Total Costs

**Please use one form to request all advances. Checks payable to individuals are issued no sooner than 10 days prior to trip. An accounting of expenses is required within two weeks.**

**Estimate *all* costs below. If requesting an advance or pre-payment, provide the name and address of the payee. (Please print legibly.)**

	Amount	Make Check Payable to	Address
Transportation	_____	_____	_____
Lodging	_____	_____	_____
Meals	_____	_____	_____
Registration	_____	_____	_____
Miscellaneous	_____	_____	_____
<b>Total</b>	_____	_____	_____

**Budget Account Name:** \_\_\_\_\_

**Budget Account Number:** \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Area Vice President's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Special instructions for sending advance checks: \_\_\_\_\_

**A tax exemption form must be included with payment  
when traveling to the following states (please check all that apply):**

☐ Florida ☐ New York ☐ New Jersey ☐ Other \_\_\_\_\_

#### For Accounting/Purchasing Use Only

Date	Obligation	Check
_____	_____	_____
_____	_____	_____
_____	_____	_____