



TRAVEL REQUEST/ADVANCE FORM

Move between highlighted fields using [TAB], [SHIFT-TAB] or Arrow Keys

Name of Employee: _____ Empl ID: _____ Check Address: _____

Primary Destination (check one): In State Conference International Date From: _____ To: _____ Recruit Athlete

Destination City or Country: _____

Business Purpose (check one): Athletic Travel Cooperative Extension Dues & Memberships Fund Raising Moving Expenses Off-Site Meeting Pick Up Local Supplies Recruit Employee Recruit Student Reimburse Meals Only Research Registration Fee Student Organization/Club Teaching Training/Education Travel to Off-Site Office

(Unless specified above, reimbursement check will be mailed to the address defined in PeopleSoft's Employee's Travel and Expenses Profile)

Additional Information, e.g. name of conference, research topic, sport, position, position recruited: _____

Estimated Cost:	
Meals:	_____
Lodging:	_____
Transportation:	_____
Other:	_____
Total:	_____
Request an Advance of:	_____

[Meal Reimbursement Guidelines](#)

If traveling by vehicle with other official travelers, please list names: _____

Because I will be traveling to a high-cost location, I am requesting that ACTUAL meal expenses be allowed up to the daily rate specified below. - Receipts are required. If per diem is checked, only the maximum of Standard Conus is allowed - \$46/day (effective 10/1/09).

Daily Meal Rate Requested				
Actual	Per Diem	(\$)	Approved	Denied
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

I am requesting approval to travel on University business. I have estimated my expenses and have indicated whether I wish to be reimbursed at actual or per diem. If I am requesting an advance, I understand that by signing below I am certifying that I will return any unspent travel advance funds, along with a completed Travel Expense Voucher, to the University within 5 business days of returning from a trip. The University may deduct, from my paycheck, any amounts not substantiated or deemed substantiated within sixty (60) calendar days after the end of the trip. I also certify that I have read and understand the current version of Administrative Practice Letter No. 26.

Employee Signature: _____ Date: _____

Received By: _____

Bus Unit	Amount	Department*	Fund	Account	Class	Program	Project	Operating Unit	CHARTFIELDS
UMS06									
UMS06									
UMS06									

Date: _____ Check No. _____

Amount: \$ _____

Total: _____ **Calculated Total agrees with: "Request Advance of" above**

	Signatures	Print Names	Date:
Supervisor/Approver:	_____	_____	_____
Dean or Director:	_____	_____	_____
VP/CFO*	_____	_____	_____
Business Services:	_____	_____	_____

*Signature required if cash advance requested is over \$500 domestic/\$1,000 international

If no travel advance is requested, please keep this form on file for insurance purposes