



TRAVEL AUTHORIZATION AND ADVANCE REQUEST FORM

Traveler's Name: _____ Intended Date(s) of Travel: _____

Destination: _____

Purpose of Trip: _____

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	_____	_____	_____
Total	_____	_____	_____

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

For Accounting/Purchasing Use Only

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