

### IMPORTANT NOTICE

**By signing and submitting this form you agree that the requested funds will be used for the purposes stated in this form. Failure to provide an advance return form with receipts within 10 days of your check date can result in a payroll deduction to cover the amount of funds advanced to you.**

Employee Name: \_\_\_\_\_ Employee Vendor ID Code: \_\_\_\_\_

Function Code#: \_\_\_\_\_ Department Code#: \_\_\_\_\_

Account Number to be charged: \_\_\_\_\_

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

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Total Advance Requested:  

Employee Signature

Date

Dept. Chair Approval

Date

Senior Management Approval

Date

Business Office Approval

Date

### Anticipated Expenses

Type of Expense	Description of Expense	Daily Expenses (Except Airfare)	# of Days	Total Expenses
Airfare				
Ground Transportation				
Gas				
Mileage				
Conference/Registration Fees				
Lodging				
Meals and Tips				
Miscellaneous				
			<b>Total</b>	

**CREDIT CARD/CHECK**