



No. \_\_\_\_\_

### REQUEST FOR TRAVEL ADVANCE

The University will issue travel advances to faculty, staff and students traveling on University business if the expected CASH expenditures of the trip exceed \$200. Cash expenditures are defined as expenses which cannot be charged on the American Express Corporate Card, another credit card, or paid directly by the University (such as hotel, airplane, car rental, etc.).

Requests for travel advances must be properly approved and submitted to Accounts Payable at least 5 working days prior to departure. Accounting for travel advances should be submitted within 15 days after completion of the trip, and before other travel advances or reimbursements are requested.

**Any unsubstantiated portion of an advance outstanding after one-hundred and twenty (120 days) will be treated as salary, subject to withholding, on the employee's Form W-2. Students will have this amount charged directly to their student account.**

| FOAPAL CODES |         |             |             |              |              |
|--------------|---------|-------------|-------------|--------------|--------------|
| *Fund(6)     | *Org(5) | *Account(5) | *Program(2) | Activity (5) | Location (4) |
|              |         |             |             |              |              |

\*Fields required for data entry (#) identifies the length of the number

Name/Title (Please Print) \_\_\_\_\_

Department \_\_\_\_\_ Campus Telephone No. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Travel Dates/Location (s) \_\_\_\_\_

**Business Purpose of Trip:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Detail of Expected Cash Expenditures:**

*(Examples of cash expenditures include taxis, tolls, tips and meals not chargeable to the Corporate Card)*

| Description                           | Amount   | Description | Amount   |
|---------------------------------------|----------|-------------|----------|
| _____                                 | \$ _____ | _____       | \$ _____ |
| _____                                 | \$ _____ | _____       | \$ _____ |
| _____                                 | \$ _____ | _____       | \$ _____ |
| <b>TOTAL TRAVEL ADVANCE REQUESTED</b> |          |             |          |

*\*Amount will be direct deposited unless instructed otherwise*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Approval Signature \_\_\_\_\_ Approval Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

*Controller's Group Use Only*

|             | FOAPAL CODES |        |            |            |              |              |
|-------------|--------------|--------|------------|------------|--------------|--------------|
| Review/Date | Fund(6)      | Org(5) | Account(5) | Program(2) | Activity (5) | Location (4) |
|             | 100000       | 58050  | 12732      | 99         |              |              |