## Employee Travel Advance Request Form

##### Requestor Information and Purpose of Travel

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | | |
| Amount Requested: |  | | |
| Date Requested: |  | | |
| Purpose of Travel: |  | | |
| Travel Dates: |  | to |  |
|  | *From* |  | *Through:* |
| Purpose for Advance: |  | | |

##### Acknowledgement

I acknowledge receipt of money shown above as personal liability until settlement is made by submitting an authorized ‘Travel Expense claim’ and return of any unspent funds to the finance department.

By signing below, I hereby authorize the Payroll office to deduct this advance from my paycheck if I have not submitted an approved Travel Expense Claim within 10 days of my return.

##### Approvals

|  |  |  |
| --- | --- | --- |
| By: | Requestor | Director of Finance |
| Name: |  |  |
| Signature: |  |  |
| Date: |  |  |