

TRAVEL CASH ADVANCE AUTHORIZATION

| | | | |
|---|----------------------------|---|---------|
| Employee Name | | Title | |
| Employee ID Number X X X - X X - ____ ____ ____ ____ | Unit/Division | Authorized by: (Unit/Division Director) | |
| Travel Information | | | |
| 1.Type of Travel (Check one) <input type="checkbox"/> Single Trip in State <input type="checkbox"/> Single Out of State <input type="checkbox"/> Continuous Travel <input type="checkbox"/> Other (Specify) | | | |
| 2.Purpose of Travel | | | |
| 3.Date of Travel | 4. Destination(s) | | |
| 5. Method of Travel (Check as applicable) <input type="checkbox"/> Private Car <input type="checkbox"/> Gov't/Rental Car <input type="checkbox"/> Commercial Airplane <input type="checkbox"/> State Airplane <input type="checkbox"/> Other (specify) | | | |
| ESTIMATED EXPENDITURES (if this authorization is for continuous travel, the estimated expenditures should cover one pay period). | | | |
| Type of Expenditure | Anticipated Payment Method | | |
| | Credit Card | Cash | Total |
| Employee Subsistence | | | |
| Transportation | | | |
| Other Travel expenses | | | |
| Other Expense (specify) _____ | | | |
| TOTAL | | | |
| MISCELLANEOUS (Use this space for any remarks or explanations of unusual expenses) | | | |
| | | | |
| ACCOUNTING CODES | | | |
| Department | Funding Source | Program | Project |
| AUTHORIZATION | | RECEIPT ACKNOWLEDGEMENT | |
| 1. The described travel is authorized <input type="checkbox"/> YES <input type="checkbox"/> NO Approved by: _____ (Supervisor) Date: _____ | | Receipt of Check No. _____ In the amount of \$ _____ | |
| 2. Previous travel advance repaid <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, amount of outstanding advance \$ _____ Verified by: _____ (Accounting) Date: _____ | | EMPLOYEE SIGNATURE DATE | |
| Travel Advance in the amount of \$ _____ Hereby authorized by _____ (Fiscal Officer) Date: _____ | | ACCOUNTING SECTION ONLY Posted by: _____ Entry No. _____ Date _____ | |