

ADVANCE TRAVEL REQUEST FORM



NAME OF TRAVELER	DEPT	DEPARTURE DATE	RETURN DATE
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

LAST FIRST

PURPOSE OF TRAVEL

Notes:
 - All Travel Must Be Approved By Department Director and Submitted to Finance No More Than Two Weeks Prior to Departure Date for Check Processing.
 - If Paid with PCard; The Request Packet Must Also Be Attached to the PCard Statement
 - All Requests Must Have Backup (Registrations, Receipts, Reservations, Etc)

ACCOMODATION INFORMATION

VENDOR	TOTAL ACCOMODATIONS	PAYMENT METHOD	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	PCARD	<input type="checkbox"/>
		CHECK	<input type="checkbox"/>
RATE 1	DAYS	RATE 2	DAYS
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

REGISTRATION INFORMATION

VENDOR	TOTAL REGISTRATION	PAYMENT METHOD	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	PCARD	<input type="checkbox"/>
		CHECK	<input type="checkbox"/>

TRANSPORTATION INFORMATION

EMPLOYEE VEHICLE	MILEAGE	.545¢	TOTAL TRANS	PAYMENT METHOD	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	PCARD	<input type="checkbox"/>
				CHECK	<input type="checkbox"/>
VENDOR	TOTAL		If Not Driving Personal Vehicle		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>				

PER DIEM & MISC INFORMATION

MEAL	SUN	MON	TUE	WED	THU	FRI	SAT	PAYMENT METHOD	
BREAKFAST								PCARD	<input type="checkbox"/>
LUNCH								CHECK	<input type="checkbox"/>
DINNER									
INCIDENTALS									
TOTALS								TOTAL PER-DIEM	<input style="width:95%;" type="text"/>

MISC EXPENSES TOTALS RECEIPTS MUST BE ATTACHED WITH AN EXPLANATION OF EXPENSE

APPROVALS

BUDGETED TRAVEL YES NO
 ADVANCE REQUEST YES

AMOUNT DUE FROM CITY

COMMENTS / EXPLANATIONS

ACCOUNT NUMBER

SIGNATURE

PRINTED NAME

EXPENSE REPORT FORM



NAME OF TRAVELER		DEPT	DEPARTURE DATE	RETURN DATE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

LAST FIRST

PURPOSE OF TRAVEL

Notes:
- Expense Reports Must Be Turned In To Finance Within 14 Calendar Days of The Return Date

ACCOMODATION INFORMATION

ACTUAL EXPENSE FOR ACCOMODATIONS	<input type="text"/>	RECEIPTS ATTACHED
		YES <input type="checkbox"/>
PREPAYMENT FOR ACCOMODATIONS	<input type="text"/>	NO <input type="checkbox"/>
		DUE TO/FROM CITY <input type="text"/>

REGISTRATION INFORMATION

ACTUAL EXPENSE FOR REGISTRATION	<input type="text"/>	RECEIPTS ATTACHED
		YES <input type="checkbox"/>
PREPAYMENT FOR REGISTRATION	<input type="text"/>	NO <input type="checkbox"/>
		DUE TO/FROM CITY <input type="text"/>

TRANSPORTATION INFORMATION

ACTUAL EXPENSE FOR TRANSPORTAION	<input type="text"/>	RECEIPTS ATTACHED
		YES <input type="checkbox"/>
PREPAYMENT FOR TRANSPORTATION	<input type="text"/>	NO <input type="checkbox"/>
		DUE TO/FROM CITY <input type="text"/>

PER DIEM & MISC INFORMATION

ACTUAL EXPENSE FOR PER DIEM	<input type="text"/>	RECEIPTS ATTACHED FOR MISC EXPENSES
		YES <input type="checkbox"/>
PREPAYMENT FOR PER DIEM	<input type="text"/>	NO <input type="checkbox"/>
		DUE TO/FROM CITY <input type="text"/>

COMMENTS AND ADDITIONAL EXPENSE APPROVALS

	TOTAL DUE (TO) / FROM CITY	<input type="text"/>
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COMMENTS / EXPLANATIONS:

SUBMITTED BY: _____

ACCOUNT NUMBER
SIGNATURE
PRINTED NAME