



COUNTY COLLEGE OF MORRIS

**TRAVEL AUTHORIZATION/CASH ADVANCE
REQUEST FORM (TRA)**

(Multi-purpose form. See instructions below.)

Employee Name: _____

Phone Extension: _____

Destination, Date(s) & Purpose of Trip: _____

Instructions: This form is used to: (1) Authorize the traveler to plan a trip with the identified estimated costs and (2) Authorize the accounting department to provide the requested cash advance associated with the trip. All estimated expenses for the trip must be included on this form, in the column for the planned method of payment.

Direct Pay to Vendor column: An example would be a registration fee being sent directly to the vendor. A check request will have to be prepared & approved to initiate payment. Please attach copy of this TRA to the check request form.

Cash Advance column: Can only be used for cost of meals. A total cash advance cannot exceed \$500.00 or be less than \$100.00. In addition, it **MUST** be reconciled on an Expense Reimbursement form.

Expense Reimbursement column: An example would be reimbursement for mileage.

Total Estimated Cost of Trip column: A total of each type of estimated expense must be entered, with a grand total at the bottom.

Notes: An Expense Reimbursement form must be complete within 10 business days after the trip in order to settle any cash advances, as well as obtain reimbursement for approved expenditures incurred by the traveler while on the trip.

The TRA must be attached to the Expense Reimbursement form if the total cost of travel exceeds \$100.00.

Estimated Cost & Planned Method of Payment

Description of Expense	Direct Pay to Vendor	Cash Advance for Meals	Expense Reimbursement	Total Estimated Cost of Trip
Registration Fee	_____	N/A	_____	_____
Hotel	_____	N/A	_____	_____
Transportation:				
Air Fare	_____	N/A	_____	_____
Train	_____	N/A	_____	_____
Taxi	_____	N/A	_____	_____
Auto Rental	_____	N/A	_____	_____
Personal Auto	_____	N/A	_____	_____
Meals	_____	_____	_____	_____
Other	_____	N/A	_____	_____

Total Requested Cash Advance & Estimated Cost of Trip

In State Travel: _____ - _____ - 9329

Out of State Travel: _____ - _____ - 9330

Traveler Date

This is the ____ (#) of out of state trips taken this fiscal year. (Two or more require additional approval.)

AUTHORIZATION OF THIS FORM WILL AUTHORIZE TRAVEL AND REQUESTED CASH ADVANCE.

Approved by Date

Additional Approval for Out of State Travel (see above)