



TRAVEL AUTHORIZATION/CASH ADVANCE REQUEST FORM

(Multi purpose form. See instructions below.)
(See policy #03.09 for detailed instructions.)

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 indicate TRA# on check request form. (See Policy #03.10)

Cash Advance column: Can only be used for cost of meals. A total cash advance can not exceed \$500.00 or be less than \$100.00. In addition, it MUST be reconciled on an Expense Reimbursement form within 10 days of the trip. (See Policy #03.09)

Expense Reimbursement column: An example would be reimbursement for mileage. This is a separate form that the employee (traveler) must complete within 10 days of the trip in order to settle any cash advances, as well as obtain reimbursement for approved expenditures incurred on behalf of the college, while on the trip. (See Policy #03.11)

Total column: A total of each type of estimated expense must be entered, with a grand total at the bottom. (Please see Business and Finance Division Policies and Procedures Manual policy #03.08 for overview of process.)

Description of Expense	<u>Estimated Cost & Planned Method of Payment</u>			Total
	Direct Pay to Vendor	Meals Only Cash Advance	Expense Reimbursement	
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
This is the _____ (#) of out of state trips take this fiscal year. (Two or more require additional approval.)

Signature of Traveler

Phone Extension

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

Approved by
Original-To Accounting for Cash Advance

Additional Approval for Out of State Travel (see above)
Copy-To Accounting with Expense Reconciliation **Copy**-Traveler