**TRAVEL CASH ADVANCE REQUEST FOR STUDENTS:**

This completed form must arrive in the Accounts Payable Office, 002 Old Main, at least four (4) days before the advance check is needed. Please attach a copy of your approved Travel Request.

1. **MEALS**

Date Leaving \_\_\_\_\_\_\_\_\_\_\_\_ Date Returning \_\_\_\_\_\_\_\_\_\_\_\_ Number of Days \_\_\_\_\_\_

Subsistence rate per day – overnight travel only

 ($46.00 Standard rate) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ($\_\_\_\_\_ in high cost city) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of days multiplied by subsistence rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be advanced for meals: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **FARES**

Taxi, Local Bus, Tolls, Parking, Turnpike, Airport Limousine: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **OTHER**

Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TOTAL**

Please total meals, fares, and other costs at this point: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*Any advance exceeding $500.00 must be approved by the controller.\***

*In accordance with Travel Expense Regulations, I agree to file a settlement voucher within twenty working days of return from trip. I understand that no further travel advance shall be granted until a settlement voucher is filed from the previous advance. In addition, I understand that I am liable for any repayment of expenditures disallowed by any audit of a travel voucher or other travel related documents.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF TRAVELER UNIVERSITY PHONE SIGNATURE OF TRAVELER DATE SIGNED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR APPROVAL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR TRAVEL OFFICE USE ONLY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT ISSUED CHECK NUMBER

CHECK RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE DATE