

TRAVEL REQUEST

(Out of state travel must be submitted 30 days in advance and approved by the president.)

NAME: _____ DATES OF TRAVEL: _____

DESTINATION: _____

PURPOSE: _____

TOTAL ESTIMATED COST: \$ _____

Roundtrip mileage \$ _____

Public Transportation _____

Parking & Tolls _____

Meals _____

Lodging _____

Other (List) _____

IMMEDIATE SUPERVISOR DATE

PROVOST/DEAN DATE

PRESIDENT (out of state only) DATE
(or designee if estimated cost exceeds \$500)

PROMISSORY NOTE TEMPORARY TRAVEL ADVANCE (\$50.00 MINIMUM)

I request a temporary travel advance of \$ _____ for the above approved travel expenses. I understand and agree that I must repay the advance in full as soon as I am reimbursed for the actual expenses incurred **and in all cases not more than 60 days after receipt of the advance.** I further understand that failure to comply with this agreement will result in the holding of my paycheck until the advance is repaid.

Employees Signature: _____ Date: _____

TRAVEL ADVANCE RECEIVED

Voucher Number: _____ Voucher Date: _____

Date Received: _____ Check Date: _____

Amount Received: \$ _____ Check Number: _____

Travel Advance Received by: _____

Business Officer Supervisor: _____

Repayment is due by: _____

TRAVEL ADVANCE REPAID

Date Repaid: _____ Amount Repaid: \$ _____ Cash () Check ()
Check # _____

Business Office Supervisor: _____