

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 _____

Registration _____

Other (list) _____

IMMEDIATE SUPERVISOR DATE

PROVOST/DEAN DATE

PRESIDENT (out of state only) DATE

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 agree that if I fail to comply with this agreement, I authorize a payroll deduction which will repay the advance in full.

Employees Signature: _____ Date: _____

TRAVEL ADVANCE RECEIVED

Voucher Number: _____ Voucher Date: _____

Date Received: _____ Check Date _____

Amount Received \$ _____ Check Number _____

Travel Advance Received by: _____

Business Office Supervisor: _____

Repayment is due by: _____

Travel Advance Repaid

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

Business Officer Supervisor _____

