

PACIFIC UNION COLLEGE

Travel Advance Request Form

NOTE: An approved Travel Authorization Request Form must be in hand in order to request a Travel Advance (attach approved TAR to this form when submitting Advance request).

Name: _____ ID# _____

Date of Request*: _____ Date Funds Required: _____

***Requests must be received in A/P with authorized signatures by 4 p.m. on Monday in order to have a check ready for pick-up on Friday.**

Purpose of Advance: _____

_____ Dates of Travel: _____

I understand that I am required to keep receipts for all expenses using Advanced funds and submit a summary reconciliation report to Financial Admin. within 60 days of my return. In addition, I understand that I am required to complete the usual Travel Expense Reimbursement Form from which Advanced funds will be deducted.

Signature

Date

01-0000-100-3110-20

Travel Advance

\$ _____

Authorizing Signatures:

Department Head

Academic Dean

Financial Admin. Officer

OFFICE USE ONLY:

cc Financial Admin.

Reconciled