

**Financial Administration**

One Angwin Avenue  
Angwin, CA 94508

707-965-7590

accounts payable@puc.edu

# TRAVEL ADVANCE REQUEST

**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*).

**OFFICE USE ONLY**☐ cc: Financial Administration☐ Reconciled

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date Funds Required: \_\_\_\_\_

Requests must be received in A/P with authorized signatures by noon on Friday in order to have a check ready for pick up by the following 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 accounting 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: \_\_\_\_\_

**10-10000-10-140118**

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**AUTHORIZING SIGNATURES**

Department Head: \_\_\_\_\_

Academic Dean: \_\_\_\_\_

Financial Admin. Officer: \_\_\_\_\_