

TRAVEL ADVANCE AUTHORIZATION FORM

EMPLOYEE NAME		TITLE:	
SOCIAL SECURITY NUMBER	ORG NUMBER	AUTHORIZED BY: (Supervisor)	
TRAVEL INFORMATION			
TYPE OF TRAVEL (CHECK ONE): () SINGLE TRIP IN STATE () SINGLE OUT OF STATE () CONTINUOUS TRAVEL () OTHER SPECIFY			
2. PURPOSE OF TRIP			
3. DATE OF TRAVEL		4. DESTINATION	
5. METHOD OF TRAVEL () Private Car () State Car () Commercial Air () State Plane () Other			
ESTIMATED EXPENDITURES (if this authorization is for continuous travel, the estimated expenditures should cover one pay period)			
Type of Expenditure		Anticipated Payment Method	
		Credit Card	Cash
			Total
Meals			
Lodging			
Transportation			
Other Expenses (Specify)			
TOTAL			
AUTHORIZATION		RECEIPT ACKNOWLEDGEMENT	
<p>Your approval requires that if a travel advance is not recoverable from the employee, you are responsible for repaying the Department.</p> <p>Approved by: _____ Supervisor Date</p> <hr/> <p>Travel advance in the amount of \$_____ hereby authorized.</p> <p>_____ Agency Fiscal Officer</p>		<p>I hereby acknowledge receipt of this travel advance, and accept full responsibility for the safeguarding and proper accounting for these funds, including lost or stolen funds. I authorized the GDC, the Employee's Credit union, and/or Employee's Retirement System to deduct any outstanding travel advance amounts from my account(s). I ALSO ACKNOWLEDGE THAT THE TRAVEL ADVANCE IS DUE IN FULL WHEN I LEAVE MY PRESENT POSITION.</p> <p>Receipt of Check No. _____</p> <p>_____ Employee Signature Date</p>	
Comments:		ACCOUNTING SECTION ONLY	
		Posted by: _____	
		Ref. # _____	
		Date: _____	