



Travel Advance Request Form

Name: _____

Account to be charged: _____

E-mail: _____

Method of payment: Direct Deposit Check in Mail

Address: _____

City: _____ State: _____ Zip Code: _____

*Note: An address is required for both mailed check and direct deposit. A check will be mailed in the event the direct deposit becomes unavailable.

Anticipated Expenses

Airfare: \$ _____ Lodging: \$ _____ Taxi: \$ _____

Rental Car: \$ _____ Parking: \$ _____ Gas: \$ _____

Shuttle/Bus: \$ _____ Registration: \$ _____ Other: \$ _____

If other, please explain: _____

Mileage (for personal car only): _____ Meals: \$ _____ (Up to \$62/day for DT)

Total amount requested: \$ _____ *(Please allow at least 14 working days for processing)*

Please note: Only ONE travel advance may be issued per trip

To assure your reimbursement, be sure to save and include all receipts of charges you expect to be reimbursed. Receipts must be itemized and the method of payment must also be present

Advances cannot be issued more than 30 days prior to the beginning of your trip

I understand that I must submit the appropriate receipts to clear this travel advance no longer than 10 days after this trip is completed. Failure to do so could lead to no further travel advances being issued to me. If the trip dates for this advance should change, I will let the PASC staff know as soon as possible.

Signature: _____ Date: _____