



# 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: \$ \_\_\_\_\_

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

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

Purpose of Travel: \_\_\_\_\_

Dates of Travel: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Destination: \_\_\_\_\_

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: \_\_\_\_\_