



## Travel Advance Request Form

1 Name and Mailing Address of Traveler	2 Campus address and phone
	3 Banner A#

Travel Advance Request is authorized for current faculty and permanent staff only. May be requested only if out-of pocket expense will exceed \$100.00 and must be submitted at least 10 working days prior to departure. Estimated days away from official station must not exceed 90 days. **IMPORTANT:** The purpose of a travel expense advance is to defray some costs the traveler may incur while traveling on official state business away from the official station or residence. The advance is to be used for authorized reimbursable expenses only. The Travel Advance is not a loan. The Travel Advance is not to pay for airfare, car rentals or for use of privately owned vehicles. The Travel Advance is not to pay expenses for others.

4 Fill out the information below:				
Dates of Travel: _____		Per Diem		
Destination	# days at dest.	Lodging rate	Rate	Amount
Misc. Expenses (list type)				
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Total Travel Advance Requested				_____
Select the check distribution of travel advance:		Pick up from Cashiers Office		
		Mail to address above (Employee's initials) _____		

5	Organization code travel advance to be charged to	Account code
		725403

6 Employee Certification	
I certify that I have read the OFM Travel Regulations and agree to the limitations on reimbursement contained therein. I understand that The Evergreen State College has a prior lien against and a right to withhold any and all funds payable by the State to me up to the amount of such advance in case of default. I further understand that any unauthorized expenditure of funds advanced to me shall be considered a misappropriation of state funds by me. I agree to account for this advance within 5 working days of completion of travel. If the travel advance is not accounted for within this period, you may not be eligible for future advances.	
Employee signature: _____	Date: _____

Prepared By: Name, Ext, Date	Organization Approval Signature	Date
	Print Name	

### FOR ACCOUNTING/CASHIER USE ONLY

BUSINESS SERVICES APPROVAL	DATE	Invoice #

CASHIER'S SECTION	
Org code: _____	Account code: 725403
I certify that I have received \$_____, check date _____, check # _____ for my travel advance.	
This advance must be accounted for by _____	
_____ Employee's Signature	